

Case Number:	CM14-0175336		
Date Assigned:	10/27/2014	Date of Injury:	02/09/2009
Decision Date:	12/03/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient and 37-year-old female presenting with a work-related injury on February 9, 2009. The patient's medications include bupropion 100 mg, cephalexin 5 mg, Diclofenac 50 mg, gabapentin 300 mg, really 600 mg, Lidocaine 5% percent patch Ondansetron, Sumatriptan 50 mg, Topamax 25 mg. Patient was diagnosed with Reflex Sympathetic Dystrophy of the upper limb, reflex sympathetic dystrophy of the other specified site, other, pain disorder related to psychological factors. The patient has a surgical history of De Quervain's release for carpal tunnel syndrome. On 9/17/2014, the patient complained of right upper extremity pain. The physical exam revealed diminished light touch sensation and C6 on the right side in the dermatomal distribution, trigger point over the upper trapezius muscle on palpation, and one + muscle spasm noted over the trapezius muscle on the right side muscle, limited range of motion of the right upper extremity. A claim was made for TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Purchase TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266, 271-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: Purchase TENS Unit is not medically necessary. Page 14 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Per MTUS TENS unit is not medically necessary as solo therapy.