

Case Number:	CM14-0184142		
Date Assigned:	11/12/2014	Date of Injury:	01/17/2012
Decision Date:	12/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/05/2014

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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in California. 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 claimant is a 53 year old female injured worker with date of injury 1/17/12 with related cervical spine and right shoulder pain. Per progress report dated 9/22/14, the injured worker reported continued benefit resulting from the cervical ESI she had undergone 6/9/14, although it has waned. Per physical exam, cervical range of motion was moderately limited to extension, with pain. There was tenderness to palpation right paraspinally at C4-C5 and C5-C6 and over the right lateral trapezius, moderately tender symmetrically on the left. Spurling's test was positive on the left. Sensation was decreased over the right C6 dermatome. She was status post subacromial decompression 6/30/14. Treatment to date has included surgery, physical therapy, injections, and medication management. The date of UR decision was 10/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial TENS (transcutaneous electrical nerve stimulation) unit and supplies for 6 months:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Unit Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Per the guidelines, a one-month trial is supported as an adjunct to a program of evidence-based functional restoration. The documentation submitted for review supports TENS trial, however, as the request is for six months, it is not medically necessary.