

Case Number:	CM14-0185759		
Date Assigned:	11/13/2014	Date of Injury:	10/08/2010
Decision Date:	12/15/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 American Board Internal 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 injured worker (IW) is a 53-year-old woman with a date of injury of October 8, 2010. The IW fell off a ladder and landed on her right side and back. She has been treated for chronic neck pain, low back pain, and right shoulder pain. Pursuant to the progress noted dated October 13, 2014, the IW complains of chronic neck pain, low back pain, difficulty sleeping, right upper quadrant pain, "echo" sound in both ears, and shoulder pain. Physical examination revealed muscle tightness and tenderness in the cervical and lumbar paraspinals. There was reduced range of motion in the cervical, lumbar, and right shoulder. Orthopedic testing revealed positive Spurling's sign in the cervical spine, positive straight leg raise in the lumbar spine and a mildly positive impingement in the right shoulder. The IW has been diagnosed with Lumbar strain greater on the right side than the left with right lumbar radiculopathy; cervical strain with right greater than left cervical radiculopathy; numbness in the right second, third and fourth digits; right shoulder rotator cuff surgery on April 20, 2011 with residual pain dysfunction; and secondary insomnia due to chronic pain from above diagnoses. Current medications include Cymbalta, Prozac, Klonopin, Naproxen, Omeprazole, and Norco. The provider is recommending medication refills, and a trial of TENS unit with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Trial with Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit trial with supplies is not medically necessary. TENS unit is not recommended as a primary treatment modality, but a one-month home based tends trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of these studies are inconclusive. The ODG enumerates the criteria for TENS use. These include, but are not limited to, a one month trial. The TENS unit should be documented as an adjunct within a functional restoration approach with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should be documented during the trial including medication usage. A treatment plan including specific short and long-term goals. In this case, the injured worker is being treated for chronic neck pain, low back pain and right shoulder pain. Objective findings are muscle tightness and tenderness in the cervical and lumbar paraspinal muscle. The documentation illustrates treatment is primarily medication based. The documentation does not contain evidence of a functional restoration program (a criterion for TENS) the guidelines recommend this trial only when used in combination with such a program. Additionally, the request is for one TENS unit trial with supplies between October 13, 2014 and December 26, 2014. The guidelines provide for a one month trial. The timeframe indicates a two-month rental. Consequently, TENS unit trial with supplies between October 13, 2014 and December 26, 2014 is not clinically indicated. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, TENS unit trial (October 13, 2014 through December 26, 2014) is not medically necessary.