

Case Number:	CM14-0025173		
Date Assigned:	06/13/2014	Date of Injury:	10/19/2009
Decision Date:	08/12/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

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 Medicine and is licensed to practice in Florida. 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 is a 56-year-old female who reported injury on 10/19/2009. The mechanism of injury was not submitted in report. The injured worker complained of hand pain and neck pain. She rated her pain at a 7/10 on a Visual Analog Scale (VAS). The physical examination dated 12/30/2013; revealed deep tendon reflexes were 1+ and symmetric of the upper extremities. There was no clonus or increased tone. The Babinski's were plantar bilaterally and the Hoffmann's was negative bilaterally. There was no obvious atrophy. The injured worker had a 5-/5 strength of her left upper extremity and a 5/5 strength on her right upper extremity. Tinel's sign was positive and Phalen's sign was positive bilaterally. An examination of the neck revealed the injured worker had 80% range of motion with flexion, extension, and rotation. She had trigger point tenderness of the left trapezius and left cervical paraspinal muscles. The injured worker had undergone an EMG, MRIs and x-rays dated 04/06/2012. The injured worker has diagnoses of neck pain, discogenic disc disease of the cervical spine, degenerative disc disease of the cervical spine, status post left carpal tunnel release with development of RSD or post-traumatic neuralgia, right carpal tunnel syndrome, and probable thoracic outlet syndrome. The past treatment was noted to include acupuncture, the use of a transcutaneous electrical nerve stimulation (TENS) unit, ESI injections, physical therapy, and medication therapy. Medications included Omeprazole 20 mg, Naproxen Sodium 550 mg, Tramadol 50 mg, Flector 1.3%, and Flexeril 7.5 mg half. The current treatment plan is for DME 4 lead digital TENS unit. The rationale is the hope that the TENS unit will provide a self administered drug free treatment to manage persistent pain symptoms. The request for authorization form was submitted on 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME 4 LEAD DIGITAL TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-7.

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

Decision rationale: The injured worker complained of hand and neck pain. The injured worker rated her pain at 7/10 on a Visual Analog Scale (VAS). The injured worker is noted to be in the chronic stage of pain. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The proposed necessity of the unit should be documented upon request. A rental would be preferred over purchase during this 30-day. The guidelines also state that a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The submitted report lacked any quantified evidence of failure to prior conservative care. The Guidelines also recommend the rental of a TENS unit before purchase for the first 30 days. Furthermore, guidelines also state that proposed necessity of the unit should be documented. The request submitted does not specify where the unit will be used, nor does it explain the need for 4 leads instead of the recommended 2. As such, the DME 4 Lead Digital TENS Unit is not medically necessary.