

Case Number:	CM14-0027532		
Date Assigned:	06/13/2014	Date of Injury:	01/12/2012
Decision Date:	07/25/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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 Physical Medicine & Rehabilitation 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 is a 58-year-old female who reported an injury after she fell down stairs on 01/12/2012. The clinical note dated 01/23/2014 indicated diagnoses of cervical spine sprain/strain, rule out herniated cervical disc with radiculopathy, right shoulder sprain/strain, rule out tendinitis impingement, rotator cuff pathology, cephalgia, and history of head trauma with scalp laceration. The injured worker reported right shoulder pain and headaches. She reported medication helped a bit and reported the cortisone injection given to the right shoulder helped decrease symptoms, however, the injured worker reported symptoms still remained. On physical examination of the cervical spine, there was decreased range of motion with tenderness to palpation along the cervical paraspinal musculature with a positive Spurling's test. Examination of the right shoulder revealed decreased range of motion with tenderness to palpation on the greater tuberosity of the humerus. Impingement maneuvers were positive. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Anaprox, Prilosec, tramadol, Ambien, Flexeril, and Fioricet. The provider submitted a request for a TENS unit. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit (transcutaneous nerve stimulation) rental for 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of tens Page(s): 114-116.

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend TENS as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The criteria for the use of TENS include: documentation of pain of at least 3 months' duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a 1 month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities 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 also be documented during the trial period including medication usage, a treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted, and 2 lead unit is generally recommended; if a 4 lead unit is recommended, there must be documentation of why this is necessary. There is a lack of evidence that other modalities have been tried and failed. In addition, there was a lack of documentation of a 1 month unit trial period of a TENS unit in the documentation provided, including short and long term goals of treatment with the TENS unit. Additionally, there was a lack of documentation of how often the unit was used, as well as the outcomes in terms of pain relief and functional improvement. Furthermore, the request for a rental for 60 days exceeds the recommended trial period of 30 days. Moreover, the provider did not indicate a body part in the request for the TENS unit. Therefore, the request for a TENS unit is not medically necessary and appropriate.