

Case Number:	CM14-0029658		
Date Assigned:	06/16/2014	Date of Injury:	10/10/2013
Decision Date:	07/23/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in interventional spine 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 patient is a 53 year old female with an injury date of 10/10/13. Based on the 12/19/13 progress report provided by [REDACTED] the patient complains of depression, anxiety, insomnia, and pain and in her bilateral shoulders along with popping in her left shoulder; the pain travels to the elbow. She also has pain in her neck which travels to her bilateral shoulders. The patient's diagnoses include the following: Cervical spine strain/sprain, rule out herniated cervical disc with radiculitis/radiculopathy, right shoulder strain/sprain, rule out tendinitis, impingement, cuff tear, and internal derangement, left shoulder strain/sprain, rule out tendinitis, impingement, cuff tear, and internal derangement, mid back strain/sprain, status post prior work-related injury, July 20,2013and a left foot and 3rd toe strain/sprain. [REDACTED] is requesting for DME: Tens unit rental home use x 60 days. The utilization review determination being challenged is dated 02/12/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/10/13- 01/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS UNIT RENTAL HOME USE X 60 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens - Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-121.

Decision rationale: According to the 12/19/13 report by [REDACTED], the patient presents with depression, anxiety, insomnia, pain and in her bilateral shoulders traveling to the elbow, and pain in her neck which travels to her bilateral shoulders. The request is for DME: Tens unit rental home use x 60 days. There is no indication in the reports that the patient has had a 30 day trial of the TENS unit. Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. Before a TENS unit is provided, a 30-day home based trial is recommended first before purchase. No trial was given to the patient. The request is not medically necessary or appropriate at this time.