

Case Number:	CM14-0029867		
Date Assigned:	06/20/2014	Date of Injury:	06/18/2009
Decision Date:	07/17/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/10/2014

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 and is licensed to practice in Texas. 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 47-year-old female who was injured on 3/2/2004. She was physically assaulted by a youth and sustained injuries to rib/chest and anxiety. The diagnosis is unspecified reflex sympathetic dystrophy. The patient's current medications include Flexeril, hydrochlorothiazide, Lidoderm 5% patch, Xanax, Celebrex, Thermacare heat wrap, and Wellbutrin. A prior UR determination dated 2/24/2014 recommended non-certification of the request of transcutaneous electrical nerve stimulation (TENS) unit supplies. The review noted that there was no accompanying clinical documentation delineating a concurrent or other recent patient assessment and necessity of the request for supplies. The only clinical documentation submitted for review pertained to an evaluation conducted on 8/29/2013, six months prior. The documentation regarding treatment prior to that encounter was not submitted and also no subsequent documentation outlining previous TENS unit receipt, use and outcomes. A request for authorization letter dated 1/24/2014, requests Tens unit supplies. The patient's diagnosis was reflex sympathetic dystrophy. According to the visit note dated 10/24/2013, the patient presents for follow-up regarding her chronic pain. She presents for follow-up on her reflex sympathetic disorder. She states that her left upper rib continues to be extremely painful, also her low back and upper extremities. She continues to use medications to alleviate the pain. She is requesting more Xanax as this helps her anxiety. Her sleep is stable, her mood somewhat improved. She takes her medications as prescribed. She still has pain symptoms on a continuous basis, but they are alleviated somewhat by current meds. She uses Lidocaine patches for neuropathic pain, and declines to change this medication as it helps her neuropathic pain. She also uses Flexeril for muscle spasms, small dose for hydrochlorothiazide for edema, and Xanax for anxiety. She also is unwilling to change from Celebrex to ibuprofen as she feels she is doing very well on Celebrex. Thermacare wraps are also very helpful to decrease pain. The physical examination documents

patient ambulates without assistance and is able to sit comfortably without difficulty or evidence of pain. Allodynia to both hands over palms and fingers, palm of right hand is increased in color and slightly edematous, feet are dry and somewhat cracked skin. The psychiatric assessment is normal. The treatment plan is to continue the previously prescribed medications of Celebrex, Lyrica, Flexeril, Xanax, Lidoderm patch, and Lidocaine/Ketamine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination and Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

Decision rationale: According to the California MTUS, TENS is not recommended as a primary treatment modality, but a one-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, for Neuropathic pain, Phantom limb pain and CRPS II, spasticity, and multiple sclerosis. The medical records do not provide any pertinent details regarding the patient's use of TENS unit. Clarification of what supplies are requested has not been provided. More importantly, it is not clear whether the patient has been utilizing a TENS device, and if so, there is no evidence that use of the device has provided any improvement in function, medication use and pain level. The medical records do not document a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Furthermore, the medical records do not provide any evidence that other appropriate pain modalities have been tried (including medication) and failed. Rather, the medical records provided clearly detail the patient's stable on her medication regimen which she describes as effective, and had no interest in changing because she felt the medications were effective. The medical records do not establish that the criteria for TENS has been met, consequently, the request for TENS unit supplies is not medically necessary.