MAXIMUS Federal Services

Case Number:	CM14-0030045		
Date Assigned:	04/23/2014	Date of Injury:	01/27/2011
Decision Date:	07/14/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 Occupational 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:

This is a 54-year-old female with a 1/27/11 date of injury. In a 2/19/14 progress note, the patient reports flare-up of neck and left shoulder pain. She has had relief with acupuncture. The patient also complains of occasional left shoulder tightness and residual left upper extremity pain. Upon examination, cervical extension is decreased to 20 degrees, right rotation to 45 degrees and left rotation to 45 degrees. There is cervical and suprascapular spasm with myofascial tightness. There is left suprascapular tenderness and left pectoralis tightness. There is positive Neer test and positive Tinel's sign at the left elbow and left wrist. The diagnostic impression include sprain of neck, cervical spondylosis without myelopathy, adhesive capsulitis of shoulder, and pain in thoracic spine. The treatment to date: medication management, activity modification, acupuncture. A utilization review decision dated 3/3/14 denied the request for transcutaneous electrical nerve stimulation (TENS) unit because there is no clear evidence documented regarding how the requested modality will impact the patient's functional status and there is limited documentation of prior use and sustained functional benefit from use of this modality.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. The criteria for the use of TENS unit include chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The only documentation available is the prior utilization review decision from 3/3/14. Therefore, there is no evidence of previous treatments attempted and their outcomes. A treatment plan is not provided. In addition, the MTUS guidelines support an initial one-month trial of a TENS unit and there is no documentation that this has been completed or effective. It is unclear if this is for a rental unit or a purchase, and the duration of time for which the unit is requested is not noted. Therefore, the request for TENS Unit is not medically necessary.