

Case Number:	CM14-0030973		
Date Assigned:	06/20/2014	Date of Injury:	08/22/2008
Decision Date:	10/10/2014	UR Denial Date:	02/13/2014
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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 49-year-old female with an 8/22/08 date of injury. At the time (1/14/14) of the request for authorization for Transcutaneous Electrical Nerve Stimulator (TENS) Unit type not specified X months Quantity requested 6.00, there is documentation of subjective (bilateral hand pain, weakness and swelling) and objective (positive Finkelstein's test, pain on palpation over first dorsal wrist extensor compartment, pain over the lateral and medial epicondyle) findings, current diagnoses (right and left carpal tunnel syndrome clinically positive, right and left De Quervain's, right and left lateral epicondylitis, and right and left upper extremity overuse syndrome), and treatment to date (medication). There is no documentation of evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulator (TENS) Unit type not specified X months. Quantity requested 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): Page: 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS), Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of right and left carpal tunnel syndrome clinically positive, right and left De Quervain's, right and left lateral epicondylitis, and right and left upper extremity overuse syndrome. In addition, there is documentation of pain of at least three months duration. However, there is no documentation of evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS. Therefore, based on guidelines and a review of the evidence, the request for Transcutaneous Electrical Nerve Stimulator (TENS) Unit type not specified X months Quantity requested 6.00 is not medically necessary.