

Case Number:	CM14-0033742		
Date Assigned:	06/20/2014	Date of Injury:	08/30/2008
Decision Date:	07/18/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/18/2014

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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic wrist, elbow, and forearm pain reportedly associated with chronic regional pain syndrome of the upper extremity reportedly associated with an industrial injury of August 30, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier wrist surgery; sympathetic block; and spinal cord stimulator implantation. In a Utilization Review Report dated February 13, 2014, the claims administrator apparently denied a request for a TENS-interferential therapy device on the grounds that the applicant had not previously underwent a successful 30-day trial of the same. The claims administrator did not incorporate cited guidelines into its rationale, however. In a progress note dated January 31, 2014, it was stated that the applicant was having persistent allodynia and pain at the site of the earlier spinal cord stimulator lead placement. The applicant had allodynia and weakness about the hand and wrist. The applicant did have comorbid depression it was stated. A prescription for Edluar was issued. The applicant was asked to pursue radial sensory nerve graft surgery and/or employ a TENS unit to help desensitize the site of the spinal cord stimulator implantation. On October 25, 2013, it was seemingly suggested that the applicant was working despite ongoing issues with chronic regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/ Interferential Unit to the left wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF TENS TOPIC; INTERFERENTIAL CURRENT STIMULATION
TOPIC Page(s): 116; 120.

Decision rationale: As noted on both pages 116 and 120 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the purchase of a TENS device and/or interferential therapy device include evidence of successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. In this case, however, the attending provider seemingly sought authorization to purchase the device without a prior one month trial of the same. Therefore, the request is not medically necessary.