

Case Number:	CM14-0060446		
Date Assigned:	07/09/2014	Date of Injury:	02/10/2012
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 52 year-old patient sustained a shoulder(s) injury on 2/10/12 while employed by [REDACTED]. Request(s) under consideration include TENS UNIT TRIAL. Diagnoses include cervical and left upper extremity/ parascapular myofascial pain; lumbar myofascial pain; cervical spondylosis, left rotator cuff tendinopathy. Conservative care has included over 2-1/2 years of treatment with completion of a Functional Restoration Program, physical therapy, HEP, medications, and modified activities/rest. Report of 3/31/14 from the provider noted patient with chronic ongoing pain and spasm of left arm, right leg, neck, and back. Exam showed good motor strength of the upper extremities, normal DTRs with decreased light touch in left hand. Work status was not provided. Request(s) for TENS UNIT TRIAL was modified for a 2-lead conventional TENS unit 30-day trial on 4/14/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: This 52 year-old patient sustained a shoulder(s) injury on 2/10/12 while employed by [REDACTED]. Request(s) under consideration include TENS UNIT TRIAL. Diagnoses include cervical and left upper extremity/ parascapular myofascial pain; lumbar myofascial pain; cervical spondylosis; left rotator cuff tendinopathy. Conservative care has included over 2-1/2 years of treatment with completion of a Functional Restoration Program, physical therapy, HEP, medications, and modified activities/rest. Report of 3/31/14 from the provider noted patient with chronic ongoing pain and spasm of left arm, right leg, neck, and back. Exam showed good motor strength of the upper extremities, normal DTRs with decreased light touch in left hand. Work status was not provided. Request(s) for TENS UNIT TRIAL was modified for a 2-lead conventional TENS unit 30-day trial on 4/14/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic low back condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, FRP, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested nor is there any documented short-term or long-term goals of treatment with the TENS unit. The patient has no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment rendered in therapy. The TENS UNIT TRIAL is not medically necessary and appropriate.