

Case Number:	CM14-0065748		
Date Assigned:	07/11/2014	Date of Injury:	08/08/2013
Decision Date:	09/17/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Pain 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 injured worker is a 29-year-old female who reported an injury on 08/08/2013. The mechanism of injury was not provided in the report. The injured worker has diagnoses of cervical radiculopathy and strained shoulder of the trapezoid muscles. Past medical treatment includes physical therapy, the use of a TENS unit, the use of a cervical traction unit, and medication therapy. Medication includes ibuprofen 600 mg 1 tablet every 6 hours. Diagnostics that were done on the injured worker include x-rays and MRI. The submitted report did not identify when they were done or what they were done on. The injured worker complained of pain in the right upper trapezoids and radiating pain into the right arm. The injured worker also complained of cervical pain. There were no measurable pain levels documented in the submitted report. Physical examination dated 04/23/2014 revealed that the injured worker had cervical range of motion of 75% of expected in the right rotation. Flexion, extension, and left rotation were 100% of expected. Bilateral upper extremity strength was 5/5. Sensation to right upper extremity was intact. Deep tendon reflexes were 2/4 in bilateral upper extremities symmetric. Right upper trapezoid was tender to light touch. The treatment plan is for the injured worker to continue the use of a 4 lead TENS unit. The injured worker feels that the use of the TENS unit was helping to manage pain. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS, four lead (transcutaneous electrical neurostimulation): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for TENS, four lead (transcutaneous electrical neurostimulation) is not medically necessary. The injured worker also complained of cervical pain. There were no measurable pain levels documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The proposed necessity of the unit should be documented upon request. Rental would be preferred over purchase during this 30-day. The guidelines also state that a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The submitted report lacked any quantified evidence of failure to prior conservative care to include physical therapy, home exercise program, and/or NSAID use. The only notation for medication was vague and failed to note the efficacy of the medication. The submitted reports also lacked any quantified subjective evidence of functional deficits that the injured worker may have had. The submitted report stated that the injured worker had physical therapy and the use of a TENS unit before but there was no documentation showing how or if the previous therapies helped with any functional deficits the injured worker had. Furthermore, the Guidelines stipulate that a 2 lead unit is generally recommended with proper documentation of proposed necessity. The submitted request was for a 4 lead without a rationale as to why the injured worker would not benefit from the recommended 2 lead TENS unit. The request as submitted also did not specify a spot on the injured worker that the electrical stimulation unit would be used. As such, the request for TENS, four lead (transcutaneous electrical neurostimulation) is not medically necessary.