

Case Number:	CM14-0076123		
Date Assigned:	07/16/2014	Date of Injury:	08/28/1998
Decision Date:	09/19/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/23/2014

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 Medicine and is licensed to practice in Texas. 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 54-year-old female who sustained injuries to her bilateral wrists and cervical spine on 08/28/98. Mechanism of injury was not documented. Clinical note dated 01/22/14 reported that the injured worker continued to complain of neck pain and low back pain. Physical examination noted painful decreased motion, facet tenderness with radiculopathy on the right at C5 through C7; moderate spasm; healed palm incisions; lumbar spine examination demonstrated painful limited range of motion with tenderness over the facets and pain with flexion/extension. Re-evaluation note dated 03/06/14 noted no change in clinical evaluation. Transcutaneous electrical nerve stimulation (TENS) unit and bilateral wrist splints were requested and lumbar facet blocks. There were no imaging studies provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit and bilateral wrist splints for the cervical spine and bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263-264, Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: The request for transcutaneous electrical nerve stimulation (TENS) unit and bilateral wrist splints is not medically necessary. Previous request was denied on the basis that a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often unit was used, and outcomes in terms of pain relief function; rental would be preferred over purchase during this trial. Other ongoing pain treatments should also be documented during the trial, including medication usage. There was no indication that the injured worker underwent a 30-day trial prior to the request for purchase. Addressing the use of bilateral wrist splints, there was nothing within the clinical information provided that would support the utilization of wrist splints for the type of described symptomatology. The injured worker is 15 years post date of injury and there was insufficient documentation supporting splinting at this time. Therefore, the aspect of the request would also be considered not medically necessary, as there was no clinical support for utilization of wrist braces bilaterally. The CA MTUS states that while TENS may reflect the longstanding accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence based assessments of TENS have found that evidence is lacking concerning effectiveness. Given this, the request for TENS unit and bilateral wrist splints is not indicated as medically necessary.