

Case Number:	CM14-0101746		
Date Assigned:	07/30/2014	Date of Injury:	02/21/2014
Decision Date:	02/25/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 worker is a 33 year old female who was injured on 2/21/2014. She was diagnosed with cervical spine strain, left shoulder strain, right shoulder strain, left hand strain, thoracic spine strain, and lumbar spine strain. She was treated with physical therapy, wrist brace, heat, injection, and medications. During an initial office visit with her primary treating physician, dated 4/17/14, the worker reported continual severe left hand/wrist, left shoulder, neck, and lumbar spine pain. She also reported headaches, anxiety, and depression. Her pain reduced her overall function. Physical examination revealed cervical paraspinal spasm/tenderness, positive cervical compression test, positive Spurling's test, left shoulder joint crepitus and tenderness, positive left shoulder impingement test, positive Phalen's/Tinel's/Finkelstein's testing of the left wrist/hand, and thoracic and lumbar diffuse tenderness. She was then recommended EMG/NCV testing of both upper extremities, MRI of the cervical spine, MRI of the left shoulder, MRI of the left wrist/hand, continue left wrist brace, TENS unit trial/rental (60 day), physical therapy, and medications (Anaprox, Norco, Prilosec, Ultram, Ketoprofen cream, and capsaicin cream). Utilization Review partially accepted the request for TENS unit rental, but recommended 30-day instead of 60-day duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day rental: Overturned

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

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, there seems to be enough evidence to suggest she had tried other treatment modalities, but continued to experience significant pain. Upon request of the TENS, there was a plan for physical therapy, which was appropriate and required. The request for 30 days of rental of the TENS unit is reasonable and medically necessary.