

Case Number:	CM14-0118051		
Date Assigned:	08/06/2014	Date of Injury:	08/01/2005
Decision Date:	02/06/2015	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 Orthopedic Surgery, has a subspecialty in Sports 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 63-year-old female who reported an injury on 08/01/2005. The mechanism of injury reportedly occurred as a trip and fall, as well as repetitive stress to the wrist. Her diagnoses include mood disorder, shoulder pain and extremity pain. Her past treatments have included hand therapy, cortisone injections, physical therapy, psychotherapy, modified duty, TENS unit, medications, and wrist support. Her diagnostic studies include a cervical MRI performed on an unknown date that revealed multilevel degenerative disease at C4-5, a right parasagittal disc bulge causing effacement of the right ventral epidural space and mild effacement of the right ventral aspect of the spinal cord, right neural foraminal narrowing at C5-6, diffuse disc bulge causing effacement of the ventral epidural space, mild bilateral intervertebral neural foraminal narrowing, at C6-7 mild diffuse disc bulge causing effacement of the ventral epidural space and left neural foraminal narrowing, EMG/NCS on 05/08/2013 and x-rays of the wrist on 08/13/2013. Her surgical history includes a left elbow ulnar nerve transposition on 10/16/2013. The patient presented on 08/14/2014 with complaints of left shoulder, left elbow, and bilateral wrist pain. Objective functional findings state unchanged from previous visit. Current medications at time of visit were Duragesic 100 mcg per hour patch, Wellbutrin XL 150 mg, lidocaine 5% ointment, Lyrica 100 mg, Colace 250 mg, MiraLAX powder, Tegaderm dressing, pantoprazole 40 mg, Allegra 60 mg, Lovastatin 40 mg, and simvastatin 40 mg. The treatment plan included a tapering down on her Duragesic patches to 75 mcg every 2 days and her other current medications. She was to continue physical therapy. It was noted she had completed 12 sessions, and was currently in 12 additional sessions. The rationale for the request was not provided within the submitted documentation. A Request for Authorization form was not provided within the submitted documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes 2X4 Rect (Packs) QTY: 3.00: 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 electrical nerve stimulation (TENS) Page(s): 114-116.

Decision rationale: The request for electrodes 2 x 4 Rect packs quantity 3 is not medically necessary. The injured worker has left elbow pain. The California MTUS Guidelines do not recommend the use of a TENS unit as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The documentation submitted for review failed to provide evidence of completion of a 1 month home based TENS trial, along with adjunct to a program of evidence based functional restoration. Additionally, there was no evidence provided within the submitted documentation that other appropriate pain modalities have been tried, including medication and failed. Furthermore, documentation of a 1 month trial period of the TENS unit with documentation of how often the TENS unit was used, as well as outcomes in terms of pain relief and function, was not submitted. In the absence of the aforementioned documentation, the request as submitted does not support the evidence based guidelines. As such, the request for Electrodes 2 x 4 Rect packs quantity 3 is not medically necessary.