

Case Number:	CM14-0187905		
Date Assigned:	11/18/2014	Date of Injury:	11/28/2009
Decision Date:	01/13/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/11/2014

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 and is licensed to practice in Texas and Florida. 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 patient is a 51 year old male who was injured on 11/28/2009. The diagnoses are myofascial pain syndrome, left shoulder and cervical spine pain. The past surgery history is significant for left shoulder decompression surgery in 2013. The TENS unit was beneficial during PT program. On 8/11/2014, [REDACTED] noted subjective complaint of pain score of 6-7/10 on a scale of 0 to 10. There was positive left shoulder impingement test and tenderness to palpation. There was objective finding of palpable muscle spasm in the trapezius and para-cervical muscles. The medications are OTC ibuprofen and pantoprazole. A Utilization Review determination was rendered on 10/16/2014 recommending non certification for Retrospective TENS unit and supplies for 30 days- left shoulder / cervical dated 8/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) Unit, left shoulder/cervical:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of TENS unit can be beneficial in the treatment of exacerbation of musculoskeletal pain. It is recommended that a 30 days trial of TENS unit be utilized in a supervised PT or home exercise program. The use of the TENS unit can then be extended if there is documentation of reduction in pain scores, improved function and decreased medication utilization. The records indicate that the patient utilized the TENS unit in a supervised 30 days trial during a PT program as recommended by the guidelines. The criteria for retrospective use of TENS unit with supplies for left shoulder and cervical spine dated 8/11/2014 is met. The request is medically necessary.

TENS supplies (Electrodes x6, Lead wires x6, Batteries x6) left shoulder/cervical:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Shoulder Neck and Upper Back

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of TENS unit can be beneficial in the treatment of exacerbation of musculoskeletal pain. It is recommended that a 30 days trial of TENS unit be utilized in a supervised PT or home exercise program. The use of the TENS unit can then be extended if there is documentation of reduction in pain scores, improved function and decreased medication utilization. The records indicate that the patient utilized the TENS unit with supplies in a supervised 30 days trial during a PT program as recommended by the guidelines. The criteria for retrospective use of TENS unit supplies - for left shoulder and cervical spine dated 8/11/2014 was met. The request is medically necessary.