

Case Number:	CM14-0191804		
Date Assigned:	11/25/2014	Date of Injury:	08/08/2011
Decision Date:	02/04/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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, 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:

40 year old female claimant with an industrial injury dated 06/08/11. Conservative treatments have included an elbow brace, a cortisone injection to the left elbow, physical therapy, chiropractic treatment, and aqua therapy. MRI of the lumbar spine dated 05/09/13 reveals a left foraminal narrowing at L4-5 and L5-S1 secondary to disc as well as facet disease. Exam note 10/09/14 states the patient returns with low back and left arm pain. The patient explains that the TENS unit and medication has helped with pain relief but the current TENS unit no longer works. Upon physical exam there was tenderness along the left forearm and resistant wrist dorsiflexion produced pain. The paravertebral muscles were also noted as tender and demonstrated spasms. Diagnosis is noted as lumbar radiculopathy and lateral epicondylitis. Records demonstrate that claimant was issued an elbow brace in 2013. Treatment includes a continuation of medication and a new TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113 and 114.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), "Not recommended as a primary treatment modality, but a one-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, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. There is evidence that other appropriate pain modalities have been tried (including medication) and failed. 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 the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case there is insufficient evidence from the records of 10/9/14 of chronic neuropathic pain to warrant a TENS unit. Therefore the request is not medically necessary.

Universal Tennis Elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 35.

Decision rationale: MTUS/ACOEM Elbow chapter, page 35 recommends a minimum of 3-6 months of conservative care prior to contemplation of surgical care. ODG, Elbow section, Surgery for epicondylitis, recommends 12 months of non-operative management with failure to improve with NSAIDs, elbow bands/straps, activity modification and physical therapy program. In addition there should be failure of injection into the elbow to relieve symptoms. In this case there is insufficient evidence why the claimant should be issued a new elbow brace as one was prescribed in 2013. Therefore the request is not medically necessary.