

Case Number:	CM14-0197122		
Date Assigned:	12/05/2014	Date of Injury:	02/04/2013
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 Emergency 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 47 year-old female who originally reported injury on 02/04/2013 secondary to lifting a chair, resulting in a pulling sensation on the left side of her neck. She continued to experience pain, numbness and tingling. She underwent conservative therapy with epidural injections and physical therapy. She was diagnosed with cervical stenosis at the C5-6 level with annular tear and left upper extremity radiculopathy. She received epidural steroid injections. On 12/09/2013, the injured worker underwent a left shoulder arthroscopic subacromial decompression, Mumford procedure and rotator cuff repair. This was followed by physical therapy, as well as epidural injections to the cervical spine. The patient was using Norco and gabapentin for pain. The treating orthopedist requested a transcutaneous electrical nerve stimulation unit be supplied to the injured worker for home use. This request was submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with Supplies purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the delivery of electrical current to the surface of the skin. Per the MTUS Chronic pain guidelines, the use of TENS is not recommended as a primary treatment modality. It may be applicable as a 1-month option for specific conditions, including chronic regional pain syndrome, neuropathic pain, phantom limb pain, spasticity in spinal cord injury, and multiple sclerosis. For other chronic conditions, TENS does not appear to have an impact on perceived disability or long-term pain. Criteria for use of TENS includes documentation of pain of at least 3 months duration; documentation of treatment failure of other modalities; a 1-month trial period of TENS with clear documentation of how often the unit was used, as well as outcomes of pain relief and function; documentation of medication utilization and other treatment modalities during trial period; a clear treatment plan including short- and long-term goals of treatment with the TENS unit. The treating physician noted that "they have helped," presumably referring to TENS, but otherwise there is no documentation to meet the MTUS criteria for use. Furthermore, MTUS suggests rental rather than purchase during the trial period. The request for TENS unit with supplies purchase is not supported by the MTUS guidelines and is therefore not medically necessary.