MAXIMUS Federal Services

Case Number:	CM14-0201125		
Date Assigned:	12/11/2014	Date of Injury:	01/30/2001
Decision Date:	01/31/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/02/2014

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 Occupational 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 48 year old female whoe reported a repetitive use injury on 01/30/01. She underwent right shoulder arthroscopy with Mumford procedure on 10/11/02 with post-operative development of CRPS of the right upper extremity. Nerve conduction study in July 2012 was negative. MRI of the cervical spine on 07/27/12 showed right neural foramen at C3-4 and posterior disc protrusion at C4-5 and C5-6. Initial referral to pain management on 01/09/13, the IW reports right upper extremity pain, headaches. She had failed ganglion blocks in the past and now reports 10/10 pain to the right upper extremity which has improved with heat and TENS unit. She was diagnosed with severe right upper extremity CRPS. She has also been treated in the past with lyrica, cymbalta, and butrans patch with mixed benefit. According to 9/3/14 clinic note, the IW's condition remains the same since last exam with 7-8/10 cervical pain with medication and 10/10 without. On exam there is pain with palpation and cervical range of motion is limited. Diagnoses are complex regional pain syndrome of right upper extremity, left shoulder strain, cervicothoracic strain. Plan is to continue home exercise program, TENS unit trial, and continue with chronic pain medications including nucynta ER, neurontin, and nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

Decision rationale: According to the cited guideline, criteria for trial of TENS includes ongoing treatment modalities with a functional restoration approach, documentation of how often the unit was used, and outcomes in terms of pain relief and function. Additionally, the guidelines state that "a treatment plan including the specific short- and long-term goals of treatment with TENS unit should be submitted". A trial of TENS unit is not indicated since there is no documentation of a concurrent rehabilitation program or outline of treatment plan with short and long term goals stated. If used in conjunction with a functional restoration program in which treatment goals are outlined, than a trial of TENS until would be appropriate. However, according to the records reviewed, information supporting appropriateness of TENS unit is lacking at this time. Therefore, this request is not medically necessary.