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| Case Number: | CM14-0202925 | | |
| Date Assigned: | 12/15/2014 | Date of Injury: | 11/28/2000 |
| Decision Date: | 02/05/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 12/04/2014 |

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, has a subspecialty in Acupuncture and Pain 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:

55y/o female injured worker with date of injury 11/28/00 with related neck, bilateral shoulder, bilateral wrist/hand, and mid back pain. Per progress report dated 6/10/14, the injured worker complained of constant neck pain rated 3/10 radiating to the upper extremities with numbness and tingling, constant mid back pain rated 3/10, constant bilateral shoulder pain rated 3/10, constant bilateral wrist/hand pain with numbness and tingling rated 3/10. She stated that TENS unit helped reduce carpal tunnel syndrome. Per physical exam, there was tenderness in the trapezius muscles bilaterally. Treatment to date has included physical therapy, chiropractic manipulation, acupuncture, TENS unit, H-wave, and medication management. The date of UR decision was 11/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) unit and supplies (rental or purchase): 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. The medical records submitted for review did not contain documentation of a one-month trial period with the required information to support purchase. The request is not medically necessary.