

Case Number:	CM15-0006167		
Date Assigned:	01/20/2015	Date of Injury:	07/27/2012
Decision Date:	03/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63- year old male, who sustained an industrial injury on July 27, 2012. He has reported that his job contains many repetitive tasks resulting in cumulative trauma injuries resulting in pain in the shoulders, elbows, wrist, low back, knees and ankles. The diagnoses have included headache, hearing loss, visual disturbance, bilateral shoulder impingement syndrome, bilateral elbow sprain, bilateral carpal tunnel syndrome, lumbar spine sprain, bilateral knee sprain, bilateral ankle sprain, anxiety disorder and sleep disorder. Treatment to date has included pain medications to include topical medications, physical therapy, a neurological consultation, an internal medicine consultation, an orthopedic consultant, an ophthalmologist consultation, electromagnetic studies and nerve conduction studies. Currently, the IW complains of sharp headaches, localized at the base of the skull. Pain was described as constant, moderate to severe. Pain was rated a four to five on a scale of ten. Accompanying complaints include anxiety, depression, stress, hearing loss and visual disturbance. Pain is aggravated by gripping, grasping, reaching, pulling, lifting and doing work at or above shoulder level. There were also complaints of bilateral shoulder pain, bilateral elbow pain, and bilateral wrist pain, low back pain with muscle spasms, bilateral knee pain and bilateral ankle pain. The worker is currently out of work. On December 11, 2014, the Utilization Review decision non-certified a request of a six month rental of a Prime Dual Nerve Stimulator unit, noting that a TENS unit is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. The MTUS, ACOEM Guidelines, (or ODG) was

cited. On January 6, 2015, the injured worker submitted an application for IMR for review of six months rental of a Prime Dual Nerve Stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months use of a Prime Dual nerve Stimulator TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The 08/15/14 report states that the patient presents with sharp headaches, hearing loss, visual disturbances, and pain in the bilateral shoulders radiating to the arms and fingers, and pain in the: bilateral wrists, bilateral elbows, bilateral knees, bilateral ankles as well as lower back pain radiating to the bilateral lower extremities. The current request is for 6 MONTHS USE OF A PRIME DUAL NERVE STIMULATOR TENS/EMS UNIT. The RFA is not included. As of 12/12/14 the patient is to remain off work until 01/16/15. The patient has not worked since 2012. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation)(p114-116) states, "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 the conditions described below." MTUS further states use is for neuropathic pain. The reports provided for review indicate that this request is not a primary treatment modality as the patient is continuing LINT and Shockwave treatments, medications, and acupuncture and chiropractic treatment. TENS is indicated for the neuropathic pain that is documented for this patient. Recent reports provided from 07/17/14 to 01/16/15 do not discuss this request. In this case, the MTUS guidelines allow a 30 day trial and this request is for 6 months. There is no documentation of a prior trial of TENS. Therefore, the request IS NOT medically necessary.