

Case Number:	CM15-0008317		
Date Assigned:	01/23/2015	Date of Injury:	04/11/2013
Decision Date:	03/11/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/14/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on 4/11/2011 while tying a bundle of wood blocks with a metal band and the metal band broke striking his right hand. The injured worker has pain affecting the right upper extremity, pain that radiates up into his shoulder and cervical spine and low back and right lower extremity pain. The diagnoses have included status post removal of foreign body right dorsal hand with extensor tenosynovectomy and right cubital tunnel release; postop neuropathic pain right hand, forearm and elbow and sympathetically mediated pain. Treatment to date has included right hand extensor tenosynovectomy and cubital tunnel release; physical therapy; right stellate ganglion block; Transcutaneous Electrical Nerve Stimulation (TENS) and electrical stimulation and physical therapy. The documentation on 8/4/14 that the injured worker had a trial of the Transcutaneous Electrical Nerve Stimulation (TENS) that was not effective. Treating Physician's Progress Report noted that the injured worker had undergone a trial of a Transcutaneous Electrical Nerve Stimulation (TENS) for 27 days and found it to be beneficial and reports greater than 50 percent improvement in the right upper extremity neuropathy pain. The documentation noted that he had not required the use of Norco for breakthrough pain and reports improved ability with utilization of his right upper extremity, performing his activities of daily living and self care needs. The documentation noted that the injured worker reports with the use of medication and the Transcutaneous Electrical Nerve Stimulation (TENS) unit trial it has decreased the severity of neuropathic pain. He continues to have some swelling and color changes as well as temperature changes, with the intense hot burning pain being calmed down. According to the utilization

review performed on 12/10/14, the requested TENS unit (Transcutaneous Electrical Neurostimulation) has been non-certified. ODG, Elbow Chapter, Transcutaneous Electrical Nerve Stimulation (TENS) was used.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (Transcutaneous Electrical Neurostimulation): Overturned

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, Transcutaneous Electrical Neurostimulation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the medical record documents that the claimant has chronic pain of greater than 3 months duration and has had a trial of TENS unit which decreased his pain by more than 50 %. HE has been able to reduce his use of other pain medications while using the TENS unit. TENS unit is medically necessary and is approved.