MAXIMUS Federal Services

Case Number:	CM15-0103007		
Date Assigned:	06/05/2015	Date of Injury:	10/10/2011
Decision Date:	07/03/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/28/2015

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
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 31 year old female who sustained an industrial injury on 10/10/2011. Mechanism of injury was cumulative trauma. Diagnoses include lumbar radiculopathy, lower back pain, cervical radiculopathy and shoulder pain. Treatment to date has included diagnostic studies, medications, Functional Restoration Program, physical therapy, and home exercise program. Her medications include Motrin as needed, Gabapentin, Flexeril, Lidoderm patch, Ultram, and Lexapro. She also has Zoloft prescribed from her primary physician. A physician progress note dated 04/03/2015 documents the injured worker complains of neck pain, lower backache and bilateral shoulder pain. Pain level has increased since last visit. She has shoulder pain left greater than right. Her lower back pain is associated with bilateral radicular lower extremity pain with associated numbness and tingling. She has less pain in her cervical region. Her sleep has been improving with her increased activity program. On examination, there is restricted cervical range of motion, and there is spasm and tenderness on both sides. Spurling's maneuver causes pain in the muscles of the neck but no radicular symptoms. Range of motion of the lumbar spine is restricted and limited by pain. There is spasm and tenderness of the paravertebral muscles. Straight leg raising test is positive on the right side. The left shoulder has restricted range of motion and is painful. Hawkins and Neer test is positive. There is tenderness noted in the biceps groove and subdeltoid bursa. Treatment requested is for Transcutaneous Electrical Nerve Stimulation unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness.(Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore, criteria have not been met and the request is not certified.