

Case Number:	CM15-0104666		
Date Assigned:	06/09/2015	Date of Injury:	10/29/2013
Decision Date:	08/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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 45-year-old female with an industrial injury dated 10/29/2013 to 10/29/2014 (cumulative trauma). The mechanism of injury is documented as cumulative trauma type injuries resulting in pain in shoulders, right elbow, right wrist, chest, low back, left knee and left ankle and foot. Her diagnoses included bilateral shoulder sprain/strain, rule out bilateral impingement syndrome, low back pain, left knee sprain/strain, left ankle sprain/strain and right elbow sprain/strain. Prior treatment included medications, acupuncture, shockwave therapy and medications. She presents on 03/20/2015 with complaints of burning bilateral shoulder pain rated as 6-8/10, right elbow pain rated as 5-7/10 and right wrist pain rated as 5-7/10. She also complained of chest pain, low back pain, left knee and left ankle and foot pain. Physical exam noted tenderness to the shoulders with restricted range of motion. There was tenderness noted to the right elbow and right wrist. Sensation to pinprick and light touch was slightly diminished over the cervical 5- thoracic 1 dermatomes in the right upper extremity. There was bilateral lumbar paraspinal muscle guarding. Range of motion was limited. Treatment plan included urine toxicology, TENS unit, physical therapy and acupuncture, shockwave therapy, MRI, EMG/NCV and follow up with a pulmonologist regarding chest pain. The treatment request is for Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit (rental), with one (1) month supplies (electrodes, batteries, and lead wires).

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment (DME) transcutaneous electrical nerve stimulation (TENS) unit (rental), with one (1) month supplies (electrodes, batteries, and lead wires): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: 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. In addition, there must be a 30 day trial with objective measurements of improvement. These criteria have not been met in the review of the provided clinical documentation and the request is not medically necessary.