

Case Number:	CM15-0107605		
Date Assigned:	06/12/2015	Date of Injury:	05/26/2004
Decision Date:	07/13/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/04/2015

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 53 year old female with an industrial injury dated 05/26/2004. The injured worker's diagnoses include thoracic outlet syndrome, cervical facet syndrome, shoulder impingement and carpal tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, cervical facet injections, H-wave, transcutaneous electrical nerve stimulation (TENS) unit, traction, pool therapy and periodic follow up visits. In a progress note dated 05/18/2015, the injured worker reported severe neuropathic pain and musculoskeletal pain. The injured worker also reported increasing neck pain and inability to drive due to severe vertigo. Objective findings revealed pain with neck range of motion, tenderness to palpitation over upper cervical paraspinals, limited range of motion in bilateral shoulder and pain with palpitation of nerves radiating down right arm, right greater than left. The treating physician prescribed services for three months of transcutaneous electrical nerve stimulation (TENS) unit supplies now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 months of TENS unit supplies: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

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. Criteria have been met per the provided clinical documentation and the request is medically necessary.