

Case Number:	CM15-0109229		
Date Assigned:	06/15/2015	Date of Injury:	04/21/2001
Decision Date:	07/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/05/2015

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: Preventive Medicine, Occupational Medicine

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 52 year old female, who sustained an industrial injury on 4/21/2001. She reported neck and right upper back/shoulder pain. The injured worker was diagnosed as having cervical degenerative disc disease, cervical myofascial pain, right shoulder tendonitis. Treatment to date has included medications, magnetic resonance imaging of the cervical spine (9/12/2012), x-rays, electrodiagnostic studies (11/4/2009) for upper extremities, electrodiagnostic studies (3/12/2004) for lower extremities, and chiropractic care. She is retired. The request is for a TENS unit and TENS unit electrodes pads. On 1/26/2015, she complained of neck and right upper back/shoulder pain. She rated her pain 8/10 for the low back, and 4/10 for the right shoulder. On 3/25/2015, a pain management progress report indicated she complained of increased neck pain and Durgesic patches not sticking on the skin. She reported that TENS helped a lot with her pain. On 5/26/2015, she reported feeling "almost pain-free" after chiropractic treatment but the symptoms redeveloped within a few days after each therapy was completed. Her medication also had been helping control her symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48; Chp 8 pg 181; Chp 9 pg 203; Chp 12 pg 300, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) is the use of electric current produced by a device placed on the skin to stimulate the nerves and which can result in lowering acute or chronic pain. There is a lot of conflicting evidence for use of TENS as well as many other physical modalities making it difficult to understand if TENS therapy is actually helping a patient or not. According to ACOEM guidelines, there is not enough science-based evidence to support using TENS in the treatment of chronic pain. On the other hand, many sources, including the Chronic Pain Medical Treatment Guidelines (CPMTG), recommend at least a one month trial of TENS to see if there is functional improvement by using this modality. However, this trial is limited to patients with either neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity, multiple sclerosis or in the first 30 days after surgery and the unit must be used in conjunction with other treatment modalities in an overall approach to functional restoration. A meta-analysis in 2007 suggested effectiveness of this modality for chronic musculoskeletal pain but random controlled studies are needed to verify this effectiveness. The MTUS lists specific criteria for use of this treatment. These criteria are met for this injured worker. She has chronic intractable pain, has failed prior courses of physical therapy and chiropractic therapy and her medications do not fully relieve her symptoms. Use of TENS has helped lessen her symptoms. At this point in the care of this patient medical necessity for continued use of TENS unit has been established. However, the patient already has a TENS unit. There is no documentation that the unit is broken. Therefore, there is no medical necessity for a new TENS unit be given to the injured worker.

TENS Unit Electrodes Pads 2 Boxes: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48; Chp 8 pg 181; Chp 9 pg 203; Chp 12 pg 300, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-27.

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