

Case Number:	CM15-0109323		
Date Assigned:	06/15/2015	Date of Injury:	03/07/2010
Decision Date:	07/14/2015	UR Denial Date:	05/22/2015
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: Emergency 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 44 year old female, who sustained an industrial injury on 3/7/10. She reported initial complaints of left shoulder and neck pain. The injured worker was diagnosed as having lumbar disc disorder with myelopathy; lumbar spinal stenosis; lumbosacral neuritis radiculopathy. Treatment to date has included status post left shoulder arthroscopic rotator cuff tear repair (9/2010); left C6-C7 transforaminal steroid injection/epidurography (4/12/13); status post left shoulder arthroscopic rotator cuff repair; status post anterior cervical disc fusion (ACDF) C6-7 with instrumentation/bone grafting (10/25/14); status post right shoulder arthroscopy rotator cuff repair (2013); physical therapy; medications. Diagnostics included x-rays cervical spine (2/10/15). Currently, the PR-2 notes dated 4/3/15 is hand written and difficult to decipher. The note indicated the injured worker was seen on this day as a follow-up for cervical spine surgery. The provider notes he is seeing the injured worker as a surgical follow-up due to the surgeon had relocated his practice. She complains of stiffness and pain with spasms but her incision is healing. The injured worker is a status post anterior cervical disc fusion (ACDF) C6-7 with instrumentation/bone grafting on 10/25/14. She is receiving post-operative physical therapy. A physical therapy note dated 3/9/15 indicated that was her 7th post-operative visit with overall improved complaints of cervical pain and right upper extremity tingling. She has also demonstrated improved cervical range of motion. The provider is requesting authorization of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. TENS is only recommended for neuropathic or Complex Regional Pain Syndrome (CRPS) pain. Patient has a diagnosis of neck and radicular pain. There is no documentation of failures of multiple conservative treatment modalities. Guidelines recommend use only with Functional Restoration program which is not documented. There is no documentation of short or long term goal of TENS unit. There is no documentation of an appropriate 1 month trial of TENS. Documentation actually documents improvement in pain and function. TENS is not medically necessary.