

Case Number:	CM15-0019349		
Date Assigned:	02/09/2015	Date of Injury:	01/18/2013
Decision Date:	04/03/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 01/18/2013. The mechanism of injury was reaching to the top shelf for a battery. His diagnoses included left shoulder impingement syndrome, left cervical radiculopathy, right foot probable Morton's neuroma, post traumatic. His medications included tramadol extended release, naproxen, pantoprazole, cyclobenzaprine, and hydrocodone. There is a report of an MRI to the cervical spine performed on 06/18/2014. An MRI of the left shoulder was performed on 07/11/2014. Electrodiagnostic studies to the bilateral upper extremities were performed on 07/22/2014. Electrodiagnostic studies were performed on the bilateral lower extremities on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of TENS unit dispensed on 12/13/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrotherapy) Page(s): 120-127. Decision based on Non-MTUS Citation Official Disability Guidelines, Electrotherapies.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for Retrospective review of TENS unit dispensed on 12/13/2013 is not medically necessary. The California MTUS guidelines state the Criteria for the use of TENS includes documentation of pain of at least three months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial, other ongoing pain treatment should also be documented during the trial period including medication usage, a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted, a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II. There is a lack of documentation regarding pain of at least 3 month's duration and evidence of other appropriate pain modalities that have been tried and failed. The guidelines recommend a 1 month trial for the TENS unit along with documentation of how often the unit was used and outcomes in terms of pain relief and function. There is also a lack of documentation of neuropathic pain. Therefore, the request for retrospective review of TENS unit dispensed on 12/13/2013 is not medically necessary.