

Case Number:	CM15-0130960		
Date Assigned:	07/17/2015	Date of Injury:	10/10/2012
Decision Date:	08/13/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/07/2015

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: Texas, Florida, 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:

This 35 year-old man sustained an industrial injury on 10/10/2012 after being T-boned in a moto vehicle accident. Evaluations include undated electromyogram/nerve conduction studies of the bilateral upper extremities and peroneal area and cervical spine MRI dated 5/17/2013. Diagnoses include failed back surgery syndrome, chronic neck pain, thoracic spine pain rule out radiculopathy, cardiac issues, gastric reflux due to medications, left ulnar neuropathy, bilateral carpal tunnel syndrome, and bilateral shoulder injury. Treatment has included oral and topical medications, physical therapy, chiropractic care, use of back brace, and surgical intervention. Physician notes from an initial pain management consultation dated 5/12/2015 show complaints of neck pain rated 6/10 with radiation to the bilateral upper extremities and low back pain rated 5/10 with radiation to the bilateral lower extremities. Recommendations include continue Cymbalta and Percocet, trial Robaxin and Lidoderm patches, TENS trial, cervical, thoracic, and lumbar spine MRI, possible future spinal injections, and follow up in three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME (durable medical equipment): TENS (transcutaneous electrical nerve stimulation) unit, 30 day trial, Neck & Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: This claimant was injured in 2012 in a car accident. Diagnoses include failed back surgery syndrome, chronic neck pain, thoracic spine pain rule out radiculopathy, cardiac issues, gastric reflux due to medications, left ulnar neuropathy, bilateral carpal tunnel syndrome, and bilateral shoulder injury. As of May 2015, there is still neck and low back pain. The MTUS notes that TENS is 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: Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. Also, it is not evident its use would be part of an evidence-based functional restoration program. The request is appropriately not medically necessary.