

Case Number:	CM15-0131836		
Date Assigned:	07/20/2015	Date of Injury:	06/02/2011
Decision Date:	09/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/08/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 51 year old female who sustained an industrial injury on 06/02/2011. She reported cumulative trauma to the knees, shoulders, right arm, lower back, and left lower extremity. The injured worker was diagnosed as having: Cervical disc protrusion; Lumbar disc protrusion; Right rotator cuff tear; Right shoulder tenosynovitis; Right carpal tunnel syndrome; Right wrist tenosynovitis; Left carpal tunnel syndrome. Treatment to date has included medications, and diagnostic studies. The injured worker complains of pain in the neck and shoulders and in both wrists. She also has pain in the lower back to her legs that comes with standing and walking. Medications and rest alleviate her pain. She also experiences numbness and tingling in her hands and weakness in her legs while walking. On exam, there is tenderness to palpation and muscle spasm of the bilateral trapezii and cervical paravertebral muscles of There is tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles. There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. There is tenderness to palpation and muscle spasm of the acromioclavicular joint, anterior shoulder, lateral shoulder and posterior shoulder. There is tenderness to palpation of the dorsal and volar wrist on both the left and right wrists. A Retrospective request for authorization was made for a TENS (Transcutaneous Electrical Nerve Stimulation) unit, 30 day trial, date of service 4/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for TENS (Transcutaneous Electrical Nerve Stimulation) unit, 30 day trial, date of service 4/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19, Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective TENS unit, 30 day trial date of service April 10, 2015 is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical disc protrusion; lumbar disc protrusion; right rotator cuff tear; right shoulder tenosynovitis; right carpal tunnel syndrome; right wrist tenosynovitis; and left carpal tunnel syndrome. The date of injury is June 2, 2011. Requests for authorization is February 25, 2015. According to a February 25, 2015 progress note, the injured worker's subjective complaints are neck pain, low back pain, bilateral shoulder, and bilateral wrist pain. Objectively, there is tenderness to palpation in the aforementioned areas. The treatment plan indicates a request for all prior records and diagnostic testing. The treating provider is not familiar with the injured workers entire treatment plan to date. An additional progress note dated April 1, 2015 indicates the treating provider is still awaiting all prior records and diagnostic testing. There is no progress note dated April 10, 2015 in the medical record. As a result, a TENS 30 day trial is premature. Consequently, absent clinical documentation indicating a thorough review of all prior medical records and diagnostic testing, retrospective TENS unit, 30 day trial date of service April 10, 2015 is not medically necessary.