

Case Number:	CM15-0136872		
Date Assigned:	08/10/2015	Date of Injury:	03/24/2008
Decision Date:	09/08/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/15/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female who sustained an industrial injury on 3-24-08). The mechanism of injury was unclear. Currently she complains of sharp pain and numbness in the left middle finger; pain at night in the left hand. On physical exam the left wrist showed some pillar pain with mild diminished sensation index and thumb, positive Tinel's to middle finger, negative Phalen's; right side had positive Tine's and negative Phalen's sign. Medications were nortriptyline, Naprosyn, Percocet, Cyclobenzaprine, pantoprazole. Diagnoses included carpal tunnel syndrome, status post left carpal tunnel release (4-22-15); bilateral pronator tightness; status post L3-4 an dL4-5 laminectomy and discectomy (2009) with residual left leg radiculopathy; L1-2 disc protrusion extrusion; reactive depression; gastroesophageal reflux disease; status post right elbow dislocation and possible evulsion fracture, status post closed reduction (12-2012); cervical facet syndrome; central canal stenosis, foraminal narrowing. Treatments to date include medications; transcutaneous electrical nerve stimulator unit for pain management with benefit; hand therapy; cold water; home exercise program; cortisone injection. Diagnostics include electromyography, nerve conduction study (1-2-15) showed bilateral carpal tunnel syndrome; nerve conduction study (6-20-14) showed left severe carpal tunnel syndrome, right moderate carpal tunnel syndrome. In the progress note dated 6-11-15 the treating provider's plan of care included a request to continue with transcutaneous electrical nerve stimulator unit. Utilization Review evaluated the request for transcutaneous electrical nerve stimulator unit and supplies (rental, purchase) on 7-7-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit & supplies (rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial showing analgesic efficacy and objective functional benefit, and no documentation of any specific objective functional deficits which a TENS unit trial would be intended to address. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.