

Case Number:	CM15-0137165		
Date Assigned:	07/27/2015	Date of Injury:	06/05/2013
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 is a 40 year old injured worker who reported an industrial injury on 6/5/2013. The diagnoses, and or impression, were noted to include: shoulder sprain/strain; epicondylitis lateral elbow; and cervical strain/sprain. No current imaging studies are noted. The treatments were noted to include electromyography and nerve conduction velocity studies; physical therapy; chiropractic treatments; transcutaneous electrical stimulation unit therapy; medication management; and rest from work. The progress notes of 6/24/2015 noted a follow-up visit for moderate-severe neck, right shoulder and elbow pain that was aggravated by activities and attenuated by medications for which refills were requested. Objective findings were noted to include a stable mood and vital signs; tenderness to the right shoulder and right lateral elbow with positive impingement sign, positive Tinels; and decreased rotation of the right shoulder. The physician's requests for treatments were noted to include trans-cutaneous electrical stimulation unit patches. On 7/1/2015, Utilization Review non-certified the request for transcutaneous electrical nerve stimulation patches x 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patches x 4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), TENS (transcutaneous electrical nerve stimulation).

Decision rationale: According to the cited MTUS, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However, it may be used as a noninvasive conservative adjunct for an evidence-based functional restoration program during a one-month home-based TENS trial. Based on criteria for the use of TENS with chronic intractable pain, the IW has had documentation of pain for at least three months, but other modalities have been tried with some success (naproxen and LidoPro), and documentation for use of TENS, to include symptom relief, has been poorly described in her medical record. In addition, according to the Official Disability Guidelines, there is very low quality evidence that transcutaneous electrical nerve stimulation (TENS) is more effective than placebo for treatment of chronic neck disorders with radicular findings. Therefore, the request for TENS (transcutaneous electrical nerve stimulation) patches x 4 is not medically necessary or appropriate.