

Case Number:	CM15-0137530		
Date Assigned:	07/27/2015	Date of Injury:	11/21/2014
Decision Date:	08/27/2015	UR Denial Date:	07/14/2015
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: Texas, California
 Certification(s)/Specialty: 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:

The injured worker is a 49-year-old female who sustained an industrial injury on 11/21/2014 resulting in radiating left upper forearm pain. She was diagnosed with complex regional pain syndrome, and reflex sympathetic dystrophy of the upper limb. Treatment has included physical therapy, chiropractic therapy, exercise, TENS unit, and oral and topical medication. Outcomes of treatments are not present in provided documentation. The injured worker continues to present with radiating pain in the left shoulder and upper back, and left wrist pain with some numbness and tingling causing impairment in performing activities of daily living on 5/27/15. Physical examination of the neck and upper back revealed tenderness on palpation, muscle spasm, positive tincl sign, and decreased sensation. The treating physician's plan of care includes one month supply of E-Stim patches for use with TENS unit. Current work status is not provided. The patient sustained the injury when her left hand got struck in conveyor belt and she fell on her left side. The patient had received an unspecified number of the PT visits for this injury. The medication list includes Tylenol, Naproxen and muscle relaxant.

IMR ISSUES, DECISIONS AND RATIONALES

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

E-Stim patches - one month supplies (electrodes, batteries & lead wire) to use with TENS/EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) page 114 MTUS (Effective July 18, 2009) Page 117-118 H-wave stimulation (HWT).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines cited below, "there is no there is no high grade scientific evidence to support the use of effectiveness of electrical stimulation for chronic pain." According the cited guidelines, electrical 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Response to previous TENS therapy was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use EMS as an adjunct to a program of evidence-based functional restoration. Previous conservative therapy notes were not specified in the records provided. The response of the symptoms to a period of rest, oral pharmacotherapy and splint is not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The request for E-Stim patches - one month supplies (electrodes, batteries & lead wire) to use with TENS/EMS is not medically necessary for this patient.