MAXIMUS Federal Services

Case Number:	CM15-0138149		
Date Assigned:	07/28/2015	Date of Injury:	07/05/2011
Decision Date:	08/31/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/16/2015

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, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

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 7/5/11. The mechanism of injury was unclear. She currently complains of cervical pain into bilateral arms; bilateral shoulder pain with numbness and tingling; bilateral hand and arm pain. Her pain level was 7/10. On physical exam carpal tunnel compression testing and Phalen's testing bilaterally produced immediate numbness and tingling, with minimal tenderness to the A1 pulley of the long finger on the right; the cervical spine had limited range of motion, with spams and twitching on deep palpation, facet tenderness and she is able to elicit radicular pain into the arm bilaterally. Medications were Aleve, omeprazole, diclofenac, and naproxen. Diagnoses include right moderate carpal tunnel syndrome with progressive nerve conduction test findings; left moderate severe carpal tunnel syndrome; bilateral lateral epicondylitis; status post benign thyroid nodule; chronic neck pain due to degenerative disc disease with radicular symptoms into bilateral shoulders and arms; cervicalgia; brachial neuritis or radicultitis; osteoarthritis; sprain; strain of shoulder and upper arm; gastroesophageal reflux disease; chronic pain syndrome; muscle spasm; neck sprain. Treatments to date include medication; transcutaneous electrical nerve stimulator unit; heat which provider relief; physical therapy; acupuncture; home exercises, which provided temporary relief; A1 pulley injection. In the progress note dated 6/11/15 the treating provider's plan of care includes a request for transcutaneous electrical nerve stimulator unit supplies (12 months per Utilization review).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 month transcutaneous electrical nerve stimulation (TENS) supplies, electrodes 6 pairs per month, and AAA batteries (6/month) for the bilateral wrists: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-115. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, TENS.

Decision rationale: This is a review for the requested TENS 12 month supplies. According to the MTUS Guidelines TENS (transcutaneous electrical nerve stimulation) is not recommended. This is mainly because evidence is lacking with regard to effectiveness. The only recommendation is for a one-month trial, unless there is evidence of spasticity as a result of spinal cord injury. In addition, the ODG does not recommend TENS. For these reasons, the above listed issue is considered NOT medically necessary.