

Case Number:	CM15-0139154		
Date Assigned:	07/29/2015	Date of Injury:	04/04/2011
Decision Date:	09/02/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/17/2015

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:

This is a 58-year-old female patient who sustained an industrial injury on April 4, 2011. The diagnoses include multilevel herniated nucleus pulposus of the cervical spine, canal stenosis, multilevel, multilevel cervical neural foraminal narrowing, severe bilaterally, cervical radiculopathy, right shoulder subacromial bursitis, right shoulder impingement, status post right shoulder rotator cuff repair, status post right knee arthroscopic surgery and left shoulder surgery nonindustrial, neurogenic versus cervicogenic headaches, and cervical facet arthropathy. Per the doctor's note dated 6/4/2015, she had complaints of neck pain with radiation to the bilateral upper extremities, worse on the right. The physical examination revealed tenderness to palpation of the cervical spine extending into the bilateral trapezius region and decreased range of motion. The medications list includes norco, zanaflex, docuprene and capsaicin cream. She has had cervical MRI dated May 3, 2013 which revealed degenerative disc disease and facet arthropathy with retrolisthesis C4-5 and C5-6, canal stenosis includes C3-4mild; C4-5, C5-6 moderate C6-7 mild canal stenosis, neural foraminal narrowing includes C4-5, severe left, C5-6 moderate to severe bilateral and C6-7 moderate left neural foraminal narrowing; EMG of the bilateral upper extremities dated 3/9/2015 with normal findings. She has undergone bilateral shoulder surgeries and right knee arthroscopic surgery. She has had chiropractic care, acupuncture, TENS unit, radiofrequency ablation at bilateral C5-6, C6-7, and medications for this injury. The treatment plan included MRI of the cervical spine, follow-ups, TENS unit with supplies, internal medicine consultation, and a neurology consultation. The treatment request included transcutaneous electrical nerve stimulation (TENS) unit supplies for cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation unit supplies (electrodes) for the cervical spine: Upheld

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

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

Decision rationale: Transcutaneous electrical nerve stimulation unit supplies (electrodes) for the cervical spine. According to the cited guidelines, 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). Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of appropriate medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS unit is not fully established. Since the medical necessity of TENS unit is not established, the need for supplies for the TENS unit is also not fully established in this patient. The medical necessity of Transcutaneous electrical nerve stimulation unit supplies (electrodes) for the cervical spine is not established for this patient. The request is not medically necessary.