

Case Number:	CM15-0140800		
Date Assigned:	07/30/2015	Date of Injury:	12/05/2014
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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

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 35 year old female who sustained an industrial/work injury on 12-5-14. She reported an initial complaint of right hand pain. The injured worker was diagnosed as having contusion and sprain of right thumb with persistent pain, numbness, and weakness; mild cervical spine and right shoulder sprain, and gastritis due to medication. Treatment to date includes medication, functional capacity evaluation, diagnostics, and acupuncture. Currently, the injured worker complained of right upper extremity radicular pain, weakness and pain rated at 5 out of 10. The right shoulder has 5 out of 10 pain with pop, click, and throbbing pain. The right thumb has 3 out of 10 pain weakness. There was also gastric upset due to non-steroid anti-inflammatory medication use. Per the primary physician's report (PR-2) on 5/28/15, exam noted mild improvement since last exam with mobility and strength, appears depressed and anxious, guarded right upper extremity. Current plan of care included medication to reduce gastric upset and pain management. The requested treatments include Prime Dual TENS/EMS (transcutaneous electrical nerve stimulation unit).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual TENS/EMS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS in chronic intractable pain Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS).

Decision rationale: This patient presents with right hand, right thumb and right shoulder pain. The current request is for Prime Dual TENS/EMS unit. The RFA is dated 06/15/15. Treatment to date includes medication, injections, functional capacity evaluation, physical therapy, diagnostics, and acupuncture. The patient may return to work with restrictions. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS) states: "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Per the report 5/28/15, physical examination noted mild improvement since last exam with mobility and strength. There was guarding of the right upper extremity. The patient appears depressed and anxious. Current plan of care included medication to reduce gastric upset and pain management. The RFA dated 06/15/15 requests a Prime Dual TENS/EMS. The treater has not provided reason for the request, nor documented objective progress towards functional restoration. While MTUS does recommend a 30-day trial of TENS, the request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. This request does not meet guideline indications. Therefore, the request for TENS /EMS dual unit is not medically necessary.