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| Case Number: | CM15-0142935 | | |
| Date Assigned: | 08/03/2015 | Date of Injury: | 03/23/2006 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/23/2015 |

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, Pain Management

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 61-year-old female sustained an industrial injury on 3-23-06. She subsequently reported low back pain. Diagnoses include left shoulder status post arthroscopy, subacromial decompression, AC joint resection and degenerative disc disease of the cervical spine. Treatments to date include MRI and x-ray testing, physical therapy and prescription medications. The injured worker continues to experience neck, shoulder and back pain as well as numbness and tingling to both hands. Upon examination of the cervical spine, there is diminished sensation at the left C6 nerve root distribution. Bilateral lower extremity examination revealed diminished sensation in the L3 and L4 nerve root distribution on the right lower extremity. The right shoulder examination revealed positive Neer's and Hawkin's test. The right knee revealed positive swelling, positive genu valgum and medial and lateral joint line tenderness as well as positive patellofemoral facet tenderness. Gait was antalgic. A request for Transcutaneous electrical nerve stimulation (TENS) unit purchase for cervical spine, lumbar spine and left shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit purchase for cervical spine, lumbar spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing 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. Within the documentation available for review, there is indication that the patient has previously used TENS unit with good symptomatic relief, however, there is no documentation of functional gain. It is also unclear how long this patient has been without a TENS unit since the previous unit broke down. Therefore, it is reasonable for the patient to undergo a TENS unit trial. Unfortunately, there is no provision to modify the current request to allow the medical review process to change a request. In the absence of clarity regarding those issues, the currently requested purchase of TENS unit is not medically necessary.