

Case Number:	CM15-0146988		
Date Assigned:	08/07/2015	Date of Injury:	01/25/2008
Decision Date:	09/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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 56 year old female, who sustained an industrial injury on 1-25-08. The injured worker has complaints of neck pain, low back pain, and left shoulder pain. The documentation noted the injured worker has pain in both wrist and the knees which are taken care under her private insurance. The diagnoses have included neck and left shoulder sprain. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine showed disc disease at C5-C6 and C6-C7; electromyography showed C7 radiculopathy; magnetic resonance imaging (MRI) of the lumbar spine showed L5-S1 (sacroiliac) disc bulge; magnetic resonance imaging (MRI) of the shoulder showed mild bursitis; injections; trazodone; transcutaneous electrical nerve stimulation unit; aciphex for gastritis; celebrex; topamax; gabapentin and tramadol. The request was for durable medical equipment (DME) four lead transcutaneous electrical nerve stimulation units and durable medical equipment (DME) conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Four lead TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines, TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 116.

Decision rationale: The patient presents with neck, low back, left shoulder, and bilateral wrists and hands pain. The request is for DME: FOUR LEAD TENS UNIT. The request for authorization is not provided. MRI of the neck, 2010, shows disc disease at C5-C6 and C6-C7. Physical examination reveals tenderness along the cervical and lumbar paraspinal muscles, pain along the shoulders, and wrist bilaterally. She has completed 11 out of 12 sessions of physical therapy, which is helping and doing some stretching as well as some exercises on the the ball. Patient's medication includes Flexeril, Tramadol, Trazodone, Naproxen and Protonix. Per progress report dated 07/21/15, the patient is working without restrictions. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "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." Treater does not discuss the request. Treater does not specify if this request is for a rental or a purchase. MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, there is no record that patient has trialed a TENS unit in the past, and a trial would be indicated. Therefore, the request IS NOT medically necessary.

DME: Conductive garment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 116.

Decision rationale: The patient presents with neck, low back, left shoulder, and bilateral wrists and hands pain. The request is for DME: CONDUCTIVE GARMENT. The request for authorization is not provided. MRI of the neck, 2010, shows disc disease at C5-C6 and C6-C7. Physical examination reveals tenderness along the cervical and lumbar paraspinal muscles, pain along the shoulders, and wrist bilaterally. She has completed 11 out of 12 sessions of physical therapy, which is helping and doing some stretching as well as some exercises on the the ball. Patient's medication includes Flexeril, Tramadol, Trazodone, Naproxen and Protonix. Per progress report dated 07/21/15, the patient is working without restrictions. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "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 of how

often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater does not discuss the request. The request is for a Conductive Garment to be used with the TENS Unit. However, the TENS Unit has not been authorized. Therefore, the request IS NOT medically necessary.