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| Case Number: | CM15-0148054 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 05/03/2015 |
| Decision Date: | 09/15/2015 | UR Denial Date: | 07/24/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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: North Carolina

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:

The injured worker (IW) is a 21-year-old female who sustained an industrial injury on 05-03-2015. Diagnoses include rule out cervical and lumbar disc protrusion; rule out cervical and lumbar radiculitis versus radiculopathy; thoracic musculoligamentous injury; rule out right shoulder internal derangement; rule out right elbow internal derangement; right forearm strain; rule out right carpal tunnel syndrome; and right hand tenosynovitis. Treatment to date has included medications and right index finger surgery. According to the progress notes dated 6-3-2015, the IW reported pain in the cervical, thoracic and lumbar spine and the upper and lower extremities. On examination, ranges of motion were decreased in the cervical, thoracic and lumbar spine, as well as the right shoulder and joints of the right upper extremity and hand. The paravertebral muscles were tender to palpation and muscle spasms were present. The right shoulder, elbow, forearm, wrist and hand were tender to palpation, with muscle spasms present in all areas except the hand. A request was made for a neurostimulator, TENS unit, one month rental for treatment of pain in the cervical, thoracic and lumbar spine and the right shoulder, elbow, forearm, wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurostimulator TENS unit for one month rental: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation Page(s): 155.

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation): 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. The request meets these guidelines and thus is certified. Therefore, the requested treatment is medically necessary.