MAXIMUS Federal Services

Case Number:	CM15-0148090		
Date Assigned:	08/11/2015	Date of Injury:	05/02/2007
Decision Date:	09/11/2015	UR Denial Date:	07/09/2015
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: 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 44-year-old female patient, who sustained an industrial injury, May 2, 2007. The diagnoses include impingement syndrome of the left shoulder, status post decompression, modified Mumford procedure and labral repair, myofascitis along the upper extremities and shoulder blade, left greater than the right, mid back sprain with radiculitis, discogenic lumbar with radiculitis and discogenic cervical condition with facet inflammation with radiation down the left arm. According to progress note of 6/24/2015, she had complaints of shooting pain from the mid back to the rib cage and limitation of reaching with arms. The physical exam revealed positive facet loading, limited abduction to 90 degrees, tenderness along the lumbosacral areas, tenderness along the rib cage and latissimus dorsi. The medications list includes LidoPro cream, Protonix, Effexor, Naproxen and Flexeril. She has undergone left shoulder surgery. She has had lumbar spine and cervical spine MRIs. She has had 2 lead TENS unit for this injury. The treatment plan included four lead TENS (transcutaneous electrical nerve stimulator) unit conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS (Transcutaneous Electrical Nerve Stimulation) unit with conductive garment, 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

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

Decision rationale: Four lead TENS (Transcutaneous Electrical Nerve Stimulation) unit with conductive garment, 1 month rental. According 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. Patient was using a 2 lead TENS unit. Response to this TENS unit is not specified in the records provided. Rationale for request of 4 lead TENS unit is not specified in the records provided. The patient does not have objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS is not established for this patient. Since the medical necessity of TENS unit is not established, the need for supplies for the TENS unit including conductive garment is also not fully established in this patient. The medical necessity of Four lead TENS (Transcutaneous Electrical Nerve Stimulation) unit with conductive garment, 1 month rental is not established for this patient.