

Case Number:	CM15-0148577		
Date Assigned:	08/11/2015	Date of Injury:	06/30/2014
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
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: Massachusetts

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:

The injured worker is a 51 year old male, who sustained an industrial injury on 6-30-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder surgery, right shoulder sprain-strain, cervical sprain-strain, lumbar spondylosis, lumbar stenosis, lumbar radiculopathy and lumbar disc protrusion. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6- 19-2015, the injured worker complains of headaches rated 1 out of 10 and pain in the neck rated 3 out of 10, right shoulder pain rated 7 out of 10 and low back pain rated 1 out of 10. Physical examination showed decreased range of motion of the neck, right shoulder and lumbar spine. The treating physician is requesting TENS (transcutaneous electrical nerve stimulation) rental for 6 month trial with supplies.

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 rental for 6 months trial with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114, 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy, p114-121.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for radiating neck pain into the right upper extremity with numbness and tingling, low back pain, right shoulder pain, and headaches. When seen, there was decreased spinal and shoulder range of motion. There was right elbow medial and lateral epicondyle pain. A six-month trial of TENS was requested. Additional testing and further evaluation was requested. A continued home exercise program was recommended. A one month trial of use of TENS unit is an option when conservative treatments fail to control pain adequately. Criteria for continued use include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. If there was benefit, then purchase of a unit would be considered. Rental of a unit for 6 months is not cost effective and not medically necessary to determine its efficacy.