

Case Number:	CM15-0148988		
Date Assigned:	08/12/2015	Date of Injury:	05/05/2011
Decision Date:	09/22/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/31/2015

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 a work related injury May 5, 2011. While lifting and pulling a 400 pound patient who was sitting on a gurney, he reported injury to his neck and right shoulder. He was treated with acupuncture, physical therapy, medication, and facet joint injections. Past history included right shoulder arthroscopy, extensive debridement of labrum and articular surface of humeral head with chondroplasty, subacromial decompression, and distal clavicle excision June 17, 2013. According to a treating physician's progress notes, dated May 26, 2015, the injured worker presented with worsening headache pain, rated 9 out of 10 and shoulder pain rated 7 out of 10. He is taking Tramadol extended release and Norco for pain. He reports continued posterior neck and bilateral occipital pain, right greater than left, with referred pain to above the eyes, bilateral upper trapezius pain, right greater than left, and pain in the right shoulder. The pain aggravated by rotation of the head which refers pain into the right side of the face from the corner of his eye to the chin. He is currently receiving chiropractic treatments. Impression is documented as bilateral greater occipital neuralgia, right greater than left; right C3-4, C4-5 facet syndrome. Treatment plan included a bilateral upper trapezius trigger point injections, continued chiropractic care, medications and to restart physical therapy. At issue, is the request for authorization dated June 15, 2015 for TENS (transcutaneous electrical nerve stimulation) unit (x 3 months supplies), batteries, electrodes, lead wires, and skin prep pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (x Months Supply) Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient has had functional benefit with one month trial of home use of TENS units. In addition, the patient is not participating in a functional restoration program. Therefore, the request is not medically necessary.

Skin Prep Pads (x Months Supply) Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient has had functional benefit with one month trial of home use of TENS units. In addition, the patient is not participating in a functional restoration program. TENS unit is not recommended. Skin prep pads are not necessary. The request is not medically necessary.

Electrodes (x Months Supply) Qty 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient has had functional benefit with one month trial of home use of TENS units. In addition, the patient is not participating in a functional restoration program. TENS unit is not recommended. Electrodes are not necessary. The request is not medically necessary.

Batteries (x Months Supply) Qty 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient has had functional benefit with one month trial of home use of TENS units. In addition, the patient is not participating in a functional restoration program. TENS unit is not recommended. Batteries are not necessary. The request is not medically necessary.

Lead Wires (Pair) Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. In this case there is no documentation that the patient has had functional benefit with one month trial of home use of TENS units. In addition, the patient is not participating in a functional restoration program. TENS unit is not recommended. Lead wires are not necessary. The request is not medically necessary.