

Case Number:	CM15-0166220		
Date Assigned:	09/03/2015	Date of Injury:	01/16/2013
Decision Date:	10/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, 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 52 year old male sustained an industrial injury to the neck on 1-15-13. Previous treatment included trigger point injections, transcutaneous electrical nerve stimulator unit, home exercise and medications. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 5-20-15, the injured worker complained of persistent intermittent neck pain with radiation down the left upper extremity associated with numbness and tingling as well as pain with lifting and hard work. The injured worker reported that symptoms were relieved with medications and stretching. The treatment plan included refilling LidoPro ointment and transcutaneous electrical nerve stimulator unit patches and continuing home exercise and transcutaneous electrical nerve stimulator unit use. In a PR-2 dated 5-27-15, the injured worker complained of continuing neck pain with radiation to the left upper extremity associated with numbness and tingling. The injured worker stated that he had been feeling more muscle spasms in the cervical area. The injured worker reported that meds helped decrease pain by about 30% and that trigger point injections were very helpful for managing spasms. Physical exam was remarkable for tenderness to palpation in the cervical spine paraspinal musculature and lateral epicondyle with positive trigger points. Current diagnoses included cervical spine radiculopathy, cervical spine degenerative disc disease, epicondylitis, gastritis, myofascial pain and left shoulder pain. The injured worker received trigger point injections during the office visit. The treatment plan included continuing home exercise, transcutaneous electrical nerve stimulator unit and Lidopro ointment and awaiting a neurosurgery evaluation.

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) patch x 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The claimant had used the TENS for several months. Continued and chronic use of TENS is not medically necessary.