MAXIMUS Federal Services

Case Number:	CM15-0167912		
Date Assigned:	09/08/2015	Date of Injury:	01/08/2015
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/26/2015

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: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who sustained a work related injury January 8, 2015. An MRI of the cervical spine, dated April 12, 2015 (report present in the medical record) revealed central spinal stenosis at C4-C5 with central canal narrowing to 7 mm, and foraminal narrowing on the left down to 2 mm; central canal stenosis C5-C6 with narrowing to 8 mm and moderate foraminal narrowing; mild to moderate diffuse degenerative spondyloarthropathy elsewhere with no neural impingement. According to a primary treating physician's progress report, dated July 24, 2015, the injured worker presented with minimal posterior shoulder and neck pain. She denies numbness, tingling, and radiation of pain. She reports taking medication only as needed for muscle stiffness and finds great improvement in pain, since starting a home exercise program. Objective findings included; slight tenderness to palpation to posterior shoulder; full range of motion shoulder and neck, and negative drop arm and Hawkin's tests. Diagnoses are sprain of the neck; cervicalgia; pain in thoracic spine. Treatment plan included continue with home exercise program, and at issue, a request for authorization for a TENS (transcutaneous electrical nerve stimulation) unit purchase, right shoulder- thoracic- neck pain and muscle stiffness.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase, right shoulder/thoracic/neck pain & muscle stiffness: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with pain affecting the neck, thoracic spine and right shoulder. The current request is for TENS unit for purchase, right shoulder/thoracic/neck pain & muscle stiffness. The treating physician report dated 7/24/15 (16B) states, "Denies any numbness, tingling, and radiation of pain." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. Additionally, there is no documentation of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis in the medical reports provided for review. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, the purchase of a TENS unit without documentation of functional improvement from a one month trial is not supported. The current request does not satisfy MTUS guidelines as outlined on page 114. The current request is not medically necessary.