

Case Number:	CM15-0168548		
Date Assigned:	09/09/2015	Date of Injury:	09/01/2014
Decision Date:	10/07/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/27/2015

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 54 year old female, who sustained an industrial injury on 09-01-2014. She has reported injury to the neck. The diagnoses have included history of cervical sprain-strain bilateral; and right lateral epicondylitis. Treatment to date has included medications, diagnostics, acupuncture, and physical therapy. Medications have included Ibuprofen and Naprosyn. A progress report from the treating physician, dated 07-24-2015, documented a follow-up visit with the injured worker. The injured worker reported that the neck pain comes and goes; the neck pain is mild and intermittent; the symptoms are lessened by physical therapy and TENS unit, both are helpful; no elbow pain; injury is 70% better; not seen for 3 months as wanted to complete massage; she is currently working regular job duties; she has completed 6 acupuncture visits and 6 physical therapy visits; and there are no new symptoms. Objective findings included the posterior cervical area is non-tender; there is neck muscle tenderness: right paracervical and trapezius; cervical compression test and cervical distraction test are negative; neck range of motion is unrestricted; there is no evidence of muscle weakness in the paracervical musculature; and sensation is intact to light touch and pinprick in the bilateral upper extremities. The treatment plan has included the request for generic 2 lead TENS (transcutaneous electrical nerve stimulation) unit (dispense); and one physical therapy session for the evaluation and instruction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic 2 lead TENS unit (Dispense): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for neck and elbow pain. When seen, there had been completion of six physical therapy and six acupuncture treatments. Treatments had included the use of TENS during physical therapy, which had been helpful. Physical examination findings included cervical paraspinal and right trapezius muscle tenderness. Authorization for a TENS unit for a home use and instruction in its use were requested. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, although there was benefit from TENS when used during therapy treatments, there is no documented home-based trial of TENS. Providing a TENS unit was not medically necessary.

One physical therapy session for the evaluation and instruction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The claimant sustained a work injury in September 2014 and continues to be treated for neck and elbow pain. When seen, there had been completion of six physical therapy and six acupuncture treatments. Treatments had included the use of TENS during physical therapy which had been helpful. Physical examination findings included cervical paraspinal and right trapezius muscle tenderness. Authorization for a TENS unit for a home use and instruction in its use were requested. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, although there was benefit from TENS when used during therapy treatments, there is no documented home-based trial of TENS. In terms of the request for physical therapy, if a trial of home TENS use had been requested, a single visit for instruction in device use would have been appropriate. However, since the instruction is being requested in conjunction with permanent use of a unit which is not medically necessary, the request that was submitted also cannot be accepted as being medically necessary.

