MAXIMUS Federal Services

Case Number:	CM15-0169728		
Date Assigned:	09/16/2015	Date of Injury:	03/28/2013
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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: North Carolina
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:

The injured worker is a 52-year-old male, with a reported date of injury of 03-28-2013. The diagnoses include neck pain with bilateral C6-7 radiculopathy and left-sided C5, C6 disc herniation, right shoulder joint pain, right rotator cuff sprain, right shoulder adhesive capsulitis, and status post right shoulder rotator cuff repair. Treatments and evaluation to date have included Norco. The diagnostic studies to date were not included. The progress report dated 08-05-2015 indicates that the injured worker had ongoing right-sided neck pain. It was noted that his right shoulder pain was remarkably improving. The treating physician recommended a TENS unit that could be applied to the cervical spine and shoulder for pain relief as the injured worker weans off controlled substances. It was noted that the injured worker used a TENS unit during the course of therapy that remarkably reduced his pain. The objective findings for the cervical spine include positive Spurling test to the left; forward flexion at 50 degrees; extension at 30 degrees; and a very large trigger point at the trapezius region. The objective findings for the right shoulder includes forward flexion limited to less than 90 degrees; shoulder abduction limited to less than 60 degrees; external rotation limited to less than 60 degrees; and internal rotation limited to less than 30 degrees. The injured worker's work status includes modified duties. The request for authorization is dated 08-13-2015. The treating physician requested the purchase of TENS unit. On 08-20-2015, Utilization Review (UR) modified the request for the purchase of TENS unit to a one-month home-based TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: 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 California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition there must be a 30 day trial with objective measurements of improvement besides noting TENS unit during therapy reduced pain. These criteria have not been met in the review of the provided clinical documentation and the request is not medically necessary.