

Case Number:	CM15-0181710		
Date Assigned:	09/23/2015	Date of Injury:	04/04/2011
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/15/2015

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

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 an industrial-work injury on 4-4-11. She reported initial complaints of neck pain. The injured worker was diagnosed as having multiple herniated nucleus pulposus of the cervical spine, cervical radiculopathy, right shoulder subacromial bursitis, right shoulder impingement, status post right shoulder rotator cuff repair, right knee arthroscopic surgery and left shoulder surgery, neurogenic versus cervicogenic headaches, and cervical facet arthropathy. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS) unit, 24 acupuncture sessions, 24 chiropractic sessions, rhizotomy 8-2014 with 60-70% relief, medial branch block bilateral C5-6, C6-7, and diagnostics. Currently, the injured worker complains of ongoing neck pain that has been persistent and unchanged from prior visit. Pain is reported as 7 out of 10 and is intermittent and stabbing. There is radiating pain, numbness, tingling in the bilateral upper extremities to all fingers, right arm worse than the left. The bilateral hands continue to lock up. She is using a transcutaneous electrical nerve stimulation (TENS) unit at home that does help decrease the pain (no pain rating provided, just 'good relief'). Meds include Norco, Zanaflex and Capsaicin cream with moderate relief. Per the primary physician's progress report (PR-2) on 7-30-15, exam noted normal gait, tenderness to palpation of the cervical spine with spasms, decreased range of motion, intact sensation, hyperreflexic reflexes to bilateral biceps, brachioradialis, and triceps, positive Phalen's and Tinel's on the left side. The Request for Authorization requested service to include Transcutaneous electrical nerve stimulation (TENS) unit supplies (electrodes) for the cervical spine. The Utilization Review on 9-2-15 denied the request since it is not recommended

as a primary treatment modality, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

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) unit supplies (electrodes) for the cervical spine: 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 ongoing neck pain radiating to bilateral upper extremities. The request is for TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT SUPPLIES (ELECTRODES) FOR THE CERVICAL SPINE. The request for authorization is dated EMG of the bilateral upper extremities, 03/09/15, shows normal study. Physical examination reveals tenderness to palpation of the cervical spine with spasms. Positive phalen's test bilaterally. Tinel's on the left side is positive. Patient's treatments include 24-chiropractic therapy, which was helping decrease her pain significantly, 24 visits of acupuncture, as well as some physical therapy, and radiofrequency ablation at bilateral C5-6, C6-7 on 08/14/14 with 60-70% relief. She is using a TENS unit at home which does help to decrease the pain. Patient's medications include Norco, Zanaflex, and Capsaicin Cream. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "A one- month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). Per progress report dated 07/30/15, treater's reason for the request is "to maintain her level of function and she is able to reduce her usage of medications." Guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, treater does state decrease in pain with use of the TENS unit and maintenance of function. However, the treater has not indicated how the unit is being used, how often and with what effectiveness in terms of not only pain relief but of functional improvement. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical neck and hand pain. Therefore, the request is not medically necessary.