

Case Number:	CM15-0187840		
Date Assigned:	09/29/2015	Date of Injury:	10/01/2014
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43-year-old male, who sustained an industrial injury on 10-1-2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include lumbosacral strain, radiculopathy, myofascial pain syndrome, possible lumbosacral disc injury, hip strain and amputation of left long and ring finger. Treatments to date include activity modification, medication therapy, and 7 occupation therapy sessions post-operatively. The records included an operative report from 4-28-15, for a revision of the amputations to the left long finger and left ring finger with a treatment diagnosis included painful amputation stump. The evaluation dated 8-26-15, documented subjective complaints including ongoing pain and discomfort in the wrist, hand and finger. The physical examination documented scabbing over the third and fourth digits, healing from surgery. Current medication included OxyContin and clindamycin. An occupational therapy treatment note dated 8-27-15, documented "the machine we used last time really gave me some relief in my hand and elbow. The pain went away for three hours." Treatment rendered on that date included therapeutic exercise and electrical stimulation treatment to meet goals documented included decreasing pain, increasing flexibility, increase endurance and increase range of motion. The therapist documented use of a TENS unit decreased pain and increased range of motion and functional use of the hand and fingers. On 9-8-15, the injured worker reported ongoing pain, weakness and difficulty with grasping activities. The physical examination documented pain in the left forearm and elbow, and over the amputation stumps. An appeal requested to authorize durable medical equipment for one month including a GSM HD Combo TENS Unit, 8 pair's electrodes per month(4 lead) and monthly supplies, and 6 AAA batteries per month. The Utilization Review dated 9- 17-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM combo TENS unit with electrodes (8 pairs per month) and AAA batteries (6 per month): 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): Electrical stimulators (E-stim).

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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, and a treatment plan including specific short and long term goals of treatment. Although the injured worker has reported pain relief with the use of a TENS unit in occupational therapy, there is no evidence that the injured worker has had a one month, in home trial with TENS, therefore, the request for GSM combo TENS unit with electrodes (8 pairs per month) and AAA batteries (6 per month) is determined to not be medically necessary.