

Case Number:	CM15-0189580		
Date Assigned:	10/01/2015	Date of Injury:	01/08/1995
Decision Date:	11/12/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/25/2015

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: Texas, California

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:

This is a 55 year old female patient who sustained an industrial injury on 01-08-1995. She sustained the injury due to tripped and fell. The diagnoses include chronic strain-sprain of lumbosacral spine, chronic strain and sprain and impingement of right shoulder and associated musculoligamentous structures involving the cervical area and cervical spine on the right, multilevel lumbar disc disease, Major depression single episode, panic disorder with acrophobia. Per the doctor's note dated 08-31-2015, she had chronic pain in the neck, right shoulder, back, and right hip. Her pain in the right shoulder was "excruciating". The numeric rating of the pain severity was a 5 on a scale of 0-10. She stated she was unable to lift anything greater than 10 lbs., could not stand for 5 minutes at a time on certain days, and requesting a shower chair. The pain radiated to the right upper extremity and aggravated by lifting. The physical examination revealed guarding and tenderness to palpation at the bilateral cervical muscles, full range of motion and a negative Spurling's bilaterally; lumbar spine- tenderness and spasm of the lumbar paraspinals, full range of motion and normal sensation throughout the bilateral limbs; the shoulder- tenderness to palpation of the right acromioclavicular (AC) joint, and good muscle tone without evidence of muscle atrophy; normal motor strength in the bilateral limbs. Her medications include tramadol and Flexeril. Per the psychiatrist follow up note dated 5/1/15, patient was prescribed ativan, ambien and wellbutrin. She was not taking tramadol. She takes Flexeril at bedtime. She has had lumbar spine MRI on 4/9/2010; MRI right hip dated 4/9/2010; MRI right shoulder dated 4/9/15; EMG/NCS dated 8/10/2012 which revealed left cubital tunnel syndrome. Treatments have included physical therapy, facet injections and psychiatric therapy. The plan of care includes requesting a TENS unit and a

shower chair. A request for authorization was submitted for a Transcutaneous Electrical Nerve Stimulation Unit Purchase. A utilization review decision 09-15-2015 non-certified the request for the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation 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: According the cited guidelines, TENS is "not recommended as a primary treatment modality. 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". Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The request for Transcutaneous Electrical Nerve Stimulation Unit Purchase is not medically necessary or established for this patient.