

Case Number:	CM15-0195953		
Date Assigned:	10/09/2015	Date of Injury:	09/09/2013
Decision Date:	11/20/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 33 year old male who sustained an industrial injury on 9-9-13. The medical records indicate that the injured worker is being treated for upper arm joint pain; myofascial pain; cervical radiculitis; epicondylitis, lateral elbow. She currently (9-4-15) complains of continued right upper extremity pain (shoulder to elbow region) with tingling sensation in the right 3rd, 4th and 5th fingers. The neuropathic pain is mildly improved with gabapentin and LidoPro ointment. The physical exam dated 5-1-15 indicated positive impingement of the right shoulder; right elbow pain over the lateral epicondyle; decreased sensation in the right hand. She had an MRI of the right shoulder (5-17-14). Her treatments to date include transcutaneous electrical nerve stimulator unit (effect was not present); medications: gabapentin, LidoPro ointment; physical therapy; home exercise program. The request for authorization dated 9-4-15 was for transcutaneous electrical nerve stimulator patches times 2. On 9-17-15 Utilization Review non-certified the retrospective request for transcutaneous electrical nerve stimulator unit patch times 2 (9-4-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective transcutaneous electrical nerve stimulation (TENS) patch times 2 pairs (DOS: 09/04/2015): 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: Retrospective transcutaneous electrical nerve stimulation (TENS) patch times 2 pairs (DOS: 09/04/2015) is not medically necessary. Page 114 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and detailed accounts of patient response was not clearly documented in the medical records. Per MTUS, TENS unit is not medically necessary as solo therapy.