

Case Number:	CM15-0196120		
Date Assigned:	10/09/2015	Date of Injury:	01/05/2010
Decision Date:	11/20/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 48 year old male with an industrial injury dated 01-05-2010. A review of the medical records indicates that the injured worker is undergoing treatment for acromioclavicular joint (AC) joint sprain, myofascial pain syndrome, status post shoulder surgery, neuropathic pain syndrome, muscle spasms, depression and anxiety. According to the progress note dated 07-08-2015, the injured worker reported difficulty driving secondary to pain. Laser gave him minimal relief. Review of systems revealed poor sleep, averaging 2-3 hours at a time. Objective findings (07-08-2015) revealed pain in the right shoulder and limited range of motion. In a physician report dated 09-17-2015, the treating physician reported that the injured worker has had a transcutaneous electrical nerve stimulation (TENS) unit for four months and it has been quite helpful, allowing him to be more functional and decrease use of medications for pain. Treatment has included TENS unit, prescribed medications, trigger point injection, laser, and periodic follow up visits. The treatment plan included pool therapy for independent program and TENS unit. The treating physician prescribed services for TENS unit and unknown TENS unit supplies. The utilization review dated 09-29-2015, non-certified the request for TENS unit and unknown TENS unit supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to CA MTUS/ACOEM Chronic Pain Medical Treatment Guidelines a TENS unit may be indicated for chronic intractable pain for neuropathic pain, CRPS II and spasticity. Documentation of pain of at least three months duration. There is 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; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case, the worker has had a 4 month trial of the TENS unit. However, the medical documentation fails to report a visual analog scale from before and after treatment with the TENS unit to show symptomatic improvement. There is no documentation of improved function or long-term goals of treatment. Therefore, the criteria set forth in the guidelines has not been met and the request is not medically necessary.

Unknown TENS unit supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The requested TENS unit is not medically necessary and therefore the associated supplies are not medically necessary.