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| Case Number: | CM15-0199940 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 08/08/2013 |
| Decision Date: | 12/17/2015 | UR Denial Date: | 10/09/2015 |
| Priority: | Standard | Application Received: | 10/12/2015 |

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 36 year old male, who sustained an industrial injury on 8-8-2013. The injured worker is undergoing treatment for: lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy, bilateral shoulder internal derangement. On 7-20-15, he reported improvement of strength and function of his right shoulder following surgery. He also reported left shoulder pain. Objective findings revealed decreased bilateral shoulder ranges of motion, positive impingement sign on the left. On 9-4-15, 10-7-15, he is noted as last being seen on 7-22-15. He reported having increased low back pain with radiation into the right lower extremity since his last visit. He rated his pain 7 out of 10 and indicated this limited his activities. He also reported bilateral shoulder pain. Objective findings revealed tenderness in the neck, numerous trigger points in the neck, decreased cervical spine range of motion, decreased motor function of the bilateral shoulder, decreased deep tendon reflexes of the bilateral biceps, triceps and brachioradialis; tenderness in the left shoulder and decreased ranges of motion to bilateral shoulders; tenderness in the lumbar, numerous trigger points and decreased range of motion of the lumbar spine. The records are unclear when he began utilizing a home TENS unit. Physical therapy notes indicate he has been receiving electrical stimulation at his physical therapy sessions. The treatment and diagnostic testing to date has included: medications, electrodiagnostic studies (8-26-15) reported to reveal acute left L5 radiculopathy on the right, multiple physical therapy sessions, magnetic resonance imaging of the left shoulder (5-18-15), right shoulder surgery (3-18-15), magnetic resonance imaging of the lumbar spine (3-17-15) reported to reveal disc herniation at L4-5 and neuroforaminal narrowing at the left L4 exiting

nerve root. Medications have included: Celebrex, Anaprox, and Prilosec. Current work status: unclear. The request for authorization is for: TENS electrodes, TENS battery power pack, TENS adhesive remover, TENS shipping and handling.

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 electrodes, #16: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain - TENS.

Decision rationale: Per ODG guidelines, a TENS until is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for the conditions described below. There is no documentation of a one month trial of the TENS nor the results of said trial or ongoing use. As a TENS is not indicated based on the documentation the request for TENS electrodes is also not indicated. The request is not medically necessary and appropriate.

Transcutaneous electrical nerve stimulation (TENS) unit battery power pac, #24: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain - TENS.

Decision rationale: Per ODG guidelines, a TENS until is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for the conditions described below. There is no documentation of a one month trial of the TENS nor the results of said trial or ongoing use. As a TENS is not indicated based on the documentation the request for TENS battery power is also not indicated. The request is not medically necessary and appropriate.

Transcutaneous electrical nerve stimulation (TENS) unit adhesive remover, #32: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain - TENS.

Decision rationale: Per ODG guidelines, a TENS until is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for the conditions described below. There is no documentation of a one month trial of the TENS nor the results of said trial or ongoing use. As a TENS is not indicated based on the documentation the request for TENS adhesive remover is also not indicated. The request is not medically necessary and appropriate.

Transcutaneous electrical nerve stimulation (TENS) unit shipping and handling charges:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain - TENS.

Decision rationale: Per ODG guidelines, a TENS until is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use, for the conditions described below. There is no documentation of a one month trial of the TENS nor the results of said trial or ongoing use. As a TENS is not indicated based on the documentation the request for TENS shipping and handling charges are also not indicated. The request is not medically necessary and appropriate.