

Case Number:	CM15-0201130		
Date Assigned:	10/16/2015	Date of Injury:	10/27/2014
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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 54 year old female, who sustained an industrial injury on 10-27-14. She reported pain in the shoulder, neck, and back with radiation to the buttocks and legs. The injured worker was diagnosed as having cervical disc protrusion, cervical myospasm, cervical pain, cervical radiculopathy, cervical sprain and strain, thoracic disc protrusion, thoracic myospasms, thoracic sprain and strain, lumbar degenerative disc disease, lumbar disc protrusion, lumbar myospasms, lumbar pain, lumbar radiculopathy, lumbar sprain and strain, right shoulder impingement syndrome, right shoulder pain, right shoulder sprain and strain, and right shoulder tenosynovitis. Treatment to date has included physical therapy, acupuncture, and TENS. On 9-14-15 the treating physician noted "continue use of home TENS unit." Physical examination findings on 9-14-15 included decreased and painful range of motion in the cervical, thoracic, and lumbar spine. Tenderness to palpation was noted in the cervical, thoracic, and lumbar paravertebral muscles with spasms. Cervical compression, shoulder depression, and Kemp's tests were positive. A straight leg raise test was positive bilaterally and Lasegue's test caused pain bilaterally. Right shoulder range of motion was decreased and painful. Tenderness to palpation of the acromioclavicular joint, anterior shoulder, glenohumeral joint, lateral shoulder, posterior shoulder, and supraspinatus was noted with muscle spasm in the anterior shoulder. On 9-14-15, the injured worker complained of pain in the cervical spine, thoracic spine, lumbar spine, and right shoulder. On 9-14-15 the treating physician requested authorization for a TENS unit 1 month trial. On 9-23-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit, 1 month trial: 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 the California MTUS Chronic Pain Medical Treatment Guideline regarding TENS, pages 113-114, chronic pain (transcutaneous electrical nerve stimulation), 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, for neuropathic pain and CRPS II and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): 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. In this case there is insufficient evidence of chronic CRPS or diabetic neuropathy from the exam note of 9/14/15 to warrant a TENS unit. In addition, the documentation notes the injured worker had been using a TENS unit but does not report any objective functional improvement. There also is no evidence of an evidence based functional restoration plan. The request does not meet the criteria set forth in the guidelines and is therefore not medically necessary.