

Case Number:	CM15-0020300		
Date Assigned:	02/09/2015	Date of Injury:	09/08/1993
Decision Date:	04/03/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 70-year-old female who reported an injury on 09/08/1993. The mechanism of injury was a slip and fall. Her past treatments have included activity modification, chiropractic treatment, physical therapy, home exercise, medications, and right shoulder surgery. On 01/19/2015, the injured worker presented with complaints of cervical neck pain and bilateral upper extremity intermittent numbness and tingling. She also reported low back pain and leg pain. Physical examination revealed normal muscle strength throughout the bilateral upper and lower extremities. Her medications were noted to include Lidoderm patches, cyclobenzaprine, Motrin, and Tylenol. A recommendation was made for the purchase of a TENS unit and associated supplies. Her diagnoses were listed as chronic pain, status post right shoulder arthroscopy, neck pain, and reduction deformities of the brain. The rationale for the TENS unit was not provided. The previous determination letter dated 01/26/2015 indicated that the request for the purchase of a TENS unit was non-certified as there was no documentation of an ongoing program of evidence based functional restoration nor a prior 1 month home trial of a TENS unit. An Appeal Letter dated 02/03/2015 indicates that the injured worker had previously been approved for a 1 month TENS trial on 11/18/2014, and the injured worker reported that the TENS unit had been "very helpful," especially on days when she has flare-ups. She also reported that she was better able to sleep with use of the unit. The provider also noted that the injured worker had not been able to get her medications and the TENS unit is the only modality that is relieving her pain. It was also noted that she was participating in a home exercise program, and a home based TENS unit along with the home exercise program would be the best conservative

option to provide benefit at this stage. Goals of the TENS unit purchase were noted to include relief in symptomatic pain, increasing and maintaining range of motion, and overall improvement in her function.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase with electrodes, alcohol wipes and supplies as necessary: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the California MTUS Guidelines, criteria for the purchase of a TENS unit includes: documentation of pain of at least 3 months duration; evidence of other appropriate pain modalities have been tried and failed; evidence that a 1 month trial period of a TENS unit resulted in positive outcomes in terms of pain relief and function, as well as documentation of how often the unit was used; and a treatment plan to include the specific short and long term goals of treatment. The submitted clinical documentation does show that the injured worker has had pain for at least 3 months duration, and has tried and failed other appropriate pain modalities. The documentation also shows that she is to use the TENS unit in conjunction with her home exercise program. Reportedly the 1 month home based TENS trial had been "very helpful". It was also noted that it had helped her sleep better. However, details regarding how the unit had been helpful were not provided to include evidence of objective pain relief such as pain values before and after use of a TENS unit. There was also no documentation showing the use of a TENS unit had resulted in significant functional improvement. There was no documentation of how often the unit was used or how often it was to be used with the purchase of the unit. Moreover, goals were listed, but did not include specific short and long term goals as required by the guidelines. For these reasons, the request for the purchase of a TENS unit is not medically necessary.