

Case Number:	CM15-0020626		
Date Assigned:	02/11/2015	Date of Injury:	01/15/2014
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/04/2015

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 69 year old female, who sustained an industrial injury on January 15, 2014. The diagnoses have included right cervical and trapezius strain, right lateral epicondylitis, right carpal tunnel syndrome, and lumbosacral sprain. Treatment to date has included acupuncture, home exercise program, and medications. Currently, the injured worker complains of tight pain in the neck and low back, intermittent pain in the right lateral elbow, forearm, and wrist. The Attending Physician's report dated October 22, 2014, noted the injured worker with decreased pain, tolerating modified work and stopping all oral medications, continuing to use the Voltaren 1% gel as needed. Physical examination was noted to show limited cervical range of motion, tenderness over the left greater than the right lower cervical paraspinal muscles and upper trapezius, tenderness over the right lateral forearm and right volar, dorsal, and radiation wrist, and increased pain with resisted wrist extension on the right. On January 6, 2015, Utilization Review non-certified a TENS unit 3 month rental for the neck and lower back, noting that the injured worker was engaged with a home exercise program and remains symptomatic, unable to support a three month rental as the guidelines suggest a one month trial. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of a TENS unit 3 month rental for the neck and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 3 month rental for the neck and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested nor is there any documented short-term or long-term goals of treatment with the TENS unit with 3 month trial beyond guidelines recommendation. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS unit 3 month rental for the neck and lower back is not medically necessary and appropriate.