

Case Number:	CM15-0022824		
Date Assigned:	02/12/2015	Date of Injury:	06/24/1992
Decision Date:	04/03/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/06/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 53 year old female, who sustained an industrial injury on 6/24/92. She has reported neck, bilateral shoulders, elbow wrist and hand pain. The diagnoses have included cervicalgia, degeneration of cervical intervertebral disc, cervical radiculitis and shoulder pain. Treatment to date has included medications, diagnostics, surgery, post operative physical therapy and injections of steroid. Surgery included right shoulder arthroscopy with right labral repair 12/19/09 and cervical fusion with repair of pseudoarthrosis and total disc placement and status post carpal tunnel release right and left wrist. Currently, the injured worker complains of increasing neck pain with headaches and constant pain in cervical spine. The pain radiates to the upper extremities and is associated with migraine headaches. The pain is rated 6/10 on pain scale and is unchanged. There was constant low back pain that radiates to the bilateral extremities. The pain is rated 7/10 and is unchanged. There was right and left shoulder pain which was characterized as dull and throbbing and aggravated by forward reaching, pulling and lifting. The pain was rated 4-6/10 and unchanged. There was left elbow and wrist pain which was characterized as throbbing and rated 5/10. There was right hand pain aggravated by movements and it was improving somewhat. Physical exam revealed tenderness with spasm in the cervical spine and limited range of motion with pain. The bilateral shoulders revealed tenderness and pain with motion. The lumbar spine revealed tenderness, positive seated nerve root test, pain with motion and dysesthesia at the right L5 and S1 dermatomes. The current medications were not noted. The treatment was for a home Transcutaneous Electrical Nerve Stimulation (TENS) unit for symptomatic relief. On 1/29/15 Utilization Review non-certified a request for TENS

(transcutaneous electrical nerve stimulation) unit purchase, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain TENS, chronic pain (transcutaneous electrical nerve stimulation) guidelines were cited.

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 purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-116, 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: MTUS states regarding TENS unit, "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 the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. ODG further outlines recommendations for specific body parts Low back: Not recommended as an isolated intervention. Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program. Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. Ankle and foot: Not recommended. Elbow: Not recommended. Forearm, Wrist and Hand: Not recommended. Shoulder: Recommended for post-stroke rehabilitation. This IW is noted in the available medical record to have chronic neck pain with radicular findings. Per the ODG this is not recommended as an indication for TENS therapy. ODG further details criteria for the use of TENS for Chronic intractable pain: (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy criteria for selection specifically, lack of documented 1-month trial and lack of documented short-long term treatment goals with TENS unit. As such the request for a TENS unit is deemed not medically necessary.