

Case Number:	CM15-0024778		
Date Assigned:	02/12/2015	Date of Injury:	09/10/2007
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/09/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 09/10/2007. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include status post severe lacerations to the right hand, right carpal tunnel syndrome, paresthesia ulnar border of the right small finger, and right lateral epicondylitis. Treatment to date has included medication regimen, home exercise program, urine drug screen, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated 12/29/2014 the treating provider reports pain to the right hand/wrist that is aggravated with gripping, grasping, and pulling. The injured worker rated the pain a two to three out of ten with medication and seven to eight out of ten without medication. The treating physician requested replacement of a transcutaneous electrical nerve stimulation unit noting the injured worker to have been using a transcutaneous electrical nerve stimulation unit on a daily basis for five years and has noted a fifty percent improvement in pain with use of transcutaneous electrical nerve stimulation unit. On 01/08/2015 Utilization Review non-certified the requested treatment of replacement home transcutaneous electrical nerve stimulation unit to the right hand, noting the California Medical Treatment Utilization Schedule, 2009, Chronic Pain, page 116.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Home TENS Unit right hand: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, 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 the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. The patient has been using a TENS unit for 5 years with a reported 50% reduction in pain with this treatment modality. Therefore criteria have been met and the request is certified.