

Case Number:	CM15-0029480		
Date Assigned:	02/23/2015	Date of Injury:	12/26/2013
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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, Pain Management

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 51 year old female, who sustained an industrial injury on 12/26/13. She has reported pain in the neck, bilateral shoulders, arms and elbows after repetitive work as a physician. The diagnoses have included right trapezius strain, right lateral epicondylitis and myofascial tender points. Treatment to date has included medications, Home Exercise Program (HEP), steroid injections, physical therapy, acupuncture, splinting and topical medications. Currently, the injured worker complains of mild to moderate intermittent neck, right trapezius, and myofascial tender points. The right trapezius pain is usually worse at the end of the work day and work week. She continues her Home Exercise Program (HEP), has been using Transcutaneous Electrical Nerve Stimulation (TENS) three times a week, and finds it to be helpful with decreasing the pain and functioning better. A current medication used was Advil over the counter 2 tabs with some relief. She has had 2 previous steroid injections to shoulder and elbow in 2004 and 2008 with only temporary relief of pain. Physical exam revealed neck and right trapezius tenderness and myofascial tender points. Treatment was to continue Home Exercise Program (HEP), Transcutaneous Electrical Nerve Stimulation (TENS) unit at home and topical gel medication up to 4 times a day as needed. Work status was full duty as of 1/12/14. On 1/21/15 Utilization Review non-certified a request for TENS Unit with supplies for 6 months noting the (MTUS) Medical Treatment Utilization Schedule chronic pain medical treatment was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with supplies for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).

Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) A review of this injured worker's industrial diagnoses failed to reveal any of the indications above of multiple sclerosis, spasticity, phantom limb pain, or complex regional pain syndrome as described by the CPMTG. By statute, the California Medical Treatment and Utilization Schedule takes precedence over other national guidelines which may have broader indications for TENS unit. Given this worker's diagnoses of mainly musculoskeletal type pain involving the spine & joints, TENS is not medically necessary.