

Case Number:	CM15-0218051		
Date Assigned:	11/09/2015	Date of Injury:	02/12/2011
Decision Date:	12/21/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 60-year-old female, who sustained an industrial injury on 2-12-11. Current diagnoses or physician impression includes likely L4-L5 vs. L5-S1 right disc protrusion with subsequent radiculopathy, post left rotator cuff repair, right greater trochanteric bursitis, bilateral carpal tunnel syndrome (history of per electrodiagnostic), left lateral epicondylitis, chronic pain and cervical sprain (history of). The injured worker is not currently working, per note dated 9-2-15. A note dated 9-2-15 reveals the injured worker presented with complaints of achy left shoulder pain that radiates to her left elbow and hand with intermittent numbness in her bilateral hands. She also reports neck and low back pain. Her pain is rated at 4-10 out of 10. A physical examination dated 9-2-15 revealed bilateral upper extremity strength is 5 out of 5, the left shoulder is positive for empty can and impingement. The bilateral shoulder abduction is 170 degrees and flexion is 160 degrees. There is trace bilateral biceps, triceps, brachioradialis deep tendon reflexes with negative bilateral Hoffmann's. There is increased left lateral elbow pain with resisted left wrist extension. The lumbar spine flexion is 90 degrees, extension 25 degrees and bilateral rotation 35 degrees. The lower extremity strength is 5 out of 5 and the straight leg raise is negative. There is tenderness noted over the right greater trochanter. Treatment to date has included TENS unit, which provides the injured worker with "excellent" relief of pain and improved function, per note dated 10-7-15, medications and left rotator cuff repair. A request for authorization dated 10-7-15 for 1 home transcutaneous electrical nerve stimulation (TENS) unit indefinite usage is denied, per Utilization Review letter dated 10-17-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Transcutaneous electrical nerve stimulation (TENS) unit indefinite usage qty: 1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Transcutaneous electrical nerve stimulation (TENS) unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Home Transcutaneous electrical nerve stimulation (TENS) unit indefinite usage qty: 1 is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are likely L4 - L5 versus L5 - S1 right disc protrusion with subsequent radiculopathy; status post left rotator cuff repair; right greater trochanteric bursitis; bilateral carpal tunnel syndrome (per EDS) left lateral epicondylitis; chronic pain; cervical sprain history; and depression. Date of injury is February 12, 2011. Request authorization is October 3, 2015. According to a September 2, 2015 progress note, the injured worker started a TENS 30 day trial. Subjectively, the injured worker has multiple complaints including left shoulder, low back, and numbness in the hands with neck and arm pain. Objectively, motor function is 5/5, range of motion is decreased at the shoulders and lumbar spine. There is negative straight leg raising. The documentation does not indicate the anatomical reason for application of the TENS unit. The treating provider is requesting indefinite use of the TENS. There is no clinical indication for indefinite use. There is no documentation of short and long-term goals for the TENS unit. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the anatomical region to be treated, no short and long-term goals, no documentation demonstrating objective optional improvement other than "uses TENS with excellent relief", and no clinical indication or rationale to support indefinite TENS use, Home Transcutaneous electrical nerve stimulation (TENS) unit indefinite usage qty: 1 is not medically necessary.