

Case Number:	CM15-0034775		
Date Assigned:	03/03/2015	Date of Injury:	12/11/2013
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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 43 year old female, who sustained an industrial injury on December 11, 2013. Her diagnoses include neck pain rule out radiculopathy. She has been treated with work modifications, subacromial injection, acupuncture physical therapy, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On January 22, 2014, her treating physician reports improved right shoulder pain following a subacromial injection. She has continued and significant neck pain with radiating down into the right shoulder. The physical exam revealed a mildly positive impingement maneuver of the right shoulder with 80% of normal motion. The cervical spine has limited motion by 20%, positive Spurling's maneuver on the right producing pain radiating down the right trapezial area. The treatment plan includes physical therapy for the neck and right trapezial area, transcutaneous electrical nerve stimulation (TENS) unit, and a cervical MRI. On January 30, 2015 Utilization Review non-certified a request for a transcutaneous electrical nerve stimulation (TENS) unit, noting the lack of clear evidence of how this modality will impact the claimant's functional status. In addition, there is limited documentation of prior use and sustained functional benefit from the use of this modality. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. There is no provided documentation of a one-month trial period with objective measurements of improvement simply that it was helpful during physical therapy. Therefore criteria have not been met and the request is not certified.