

Case Number:	CM15-0041066		
Date Assigned:	03/11/2015	Date of Injury:	10/03/2012
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/04/2015

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:

This 64-year-old male sustained an industrial injury to the neck, right shoulder and back on 10/3/12. Previous treatment included diagnostics, chiropractic therapy, physical therapy, medications and transcutaneous electrical nerve stimulator unit. In an orthopedic evaluation dated 7/5/13, the injured worker complained of pain to the cervical spine, right shoulder, lumbar spine and right knee. Physical exam was remarkable for limited range of motion to the cervical spine, right shoulder and lumbar spine. The injured worker was diagnosed with shoulder sprain/strain. The treatment plan included physical therapy, chiropractic therapy and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS purchase, two lead, provided on July 27, 2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of a TENS Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS purchase, 2 leads, date of service July 27, 2013 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 noninvasive 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. See the guidelines for additional details. In this case, the injured worker's working diagnosis is shoulders sprain. The medical record contains 19 pages. There is a progress note dated July 5, 2013 in the medical record. This is the physician's first report for services rendered. The date of injury was October 3, 2012. The treating provider requested physical therapy and chiropractic treatment. There was no prior documentation in the medical record. There was no indication of prior physical therapy in medical record. The documentation from July 5, 2013 did not discuss or document a TENS unit was indicated or required. Consequently, absent clinical documentation with a mention of a TENS unit, a clinical indication or rationale for a TENS unit, evidence of a TENS trial, evidence that other appropriate pain modalities had been tried and failed (physical therapy), TENS purchase, 2 leads, date of service July 27, 2013 is not medically necessary.