

Case Number:	CM15-0047306		
Date Assigned:	03/19/2015	Date of Injury:	11/30/2007
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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: Texas, California
 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 53 year old female, who sustained an industrial injury on November 30, 2007. The injured worker reported back and hip pain due to a motor vehicle accident (MVA). The injured worker was diagnosed as having epicondylitis of elbow, carpal tunnel syndrome, De Quervain's tenosynovitis and myofascial pain. Treatment and diagnostic studies to date have included epidural steroid injection, cortisone injections, magnetic resonance imaging (MRI), medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit. A progress note dated January 12, 2015 the injured worker complains of hip, ankle and wrist pain. She reports no change in pain from previous visit. Office visit on February 12, 2015 is poor image quality but appears largely unchanged other than possible 50% increase in pain and notation of antalgic gait. The plan includes medications and Transcutaneous Electrical Nerve Stimulation (TENS) supplies. The medication list include Ambien, Venlafaxine, Norco. The patient has had X-ray of the hip that revealed sclerosis of the bilateral femoral hip and MRI revealed osteonecrosis of the femoral head. Per the doctor's note dated 3/12/15 patient had complaints of bilateral hip and wrist and left ankle pain at 7/10. Physical examination revealed tenderness on palpation and abnormal gait. The patient had received lumbar ESI and steroid injection in wrist. The past medical history includes a fall. Other therapy done for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: Request: TENS patch x2. According the cited guidelines, electrical stimulation (TENS), is “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.” 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). According the cited guidelines, Criteria for the use of TENS is “There is evidence that other appropriate pain modalities have been tried (including medication) and failed.” A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short and long term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The medical necessity of a TENS unit is not fully established therefore the medical necessity of the request for TENS patch x2 is also not fully established for this patient.