

Case Number:	CM15-0048688		
Date Assigned:	03/20/2015	Date of Injury:	07/01/2009
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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 48 year old female, who sustained an industrial injury on 7/1/2009. The mechanism of injury was not provided for review. The injured worker was diagnosed as having myofascial pain syndrome, cervical sprain/strain, right lateral epicondylitis and status post right lateral epicondyle surgery. There is no record of a recent radiology study. Treatment to date has included percutaneous tenotomy of the right elbow, chiropractic care, physical therapy, joint injections, TENS (transcutaneous electrical nerve stimulation) and medication management. Currently on 2/18/15, the injured worker complains of pain in the right elbow with numbness and spasms. Physical examination of the right elbow revealed tenderness on palpation limited range of motion, muscle spasm, decreased strength and sensation. In a progress note dated 2/18/2015, the treating physician is requesting two TENS (transcutaneous electrical nerve stimulation) pads. Patient has received an unspecified number of trigger point injection for this injury. The medication list includes Omeprazole, Flexeril, Neurontin, Voltaren and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS pads x 2: 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, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: 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 patient has received physical therapy visits and chiropractic visits for this injury. 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 the TENS treatment is not established therefore the medical necessity of the request for TENS pads x 2 is also not fully established for this patient. Therefore, the request is not medically necessary.