

Case Number:	CM15-0052983		
Date Assigned:	03/26/2015	Date of Injury:	11/27/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/20/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic elbow, shoulder, and neck pain reportedly associated with an industrial injury of November 27, 2012. In a Utilization Review report dated March 3, 2015, the claims administrator apparently approved one of two requests for a one-month trial of a TENS unit while denying the second request. A February 10, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant reported ongoing complaints of neck and shoulder pain with ancillary complaints of headaches. The applicant was using hydrochlorothiazide, Flector patches, and Prilosec. The applicant was apparently working with restrictions in place as a shuttle driver. A TENS unit trial and physical therapy were endorsed. The attending provider stated that the applicant had derived only incomplete analgesia through various treatments, including workplace modifications, various medications trial, manipulative therapy, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit trial for one month, QTY: 1:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Yes, the request for a TENS unit trial for one month was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one month trial of the TENS unit is an option in the treatment of chronic intractable pain of greater than three months duration in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, the applicant has apparently tried various analgesic medications, manipulative therapy, physical therapy, etc., and has derived only incomplete analgesia from the same, the treating provider has contented. Moving forward with a one-month trial of a TENS unit, thus, was indicated. Therefore, the request was medically necessary.

2-lead TENS (transcutaneous electrical nerve stimulation) unit trial for one month, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Conversely, the request for a two-lead TENS unit one-month trial was not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that, a one-month trial of the TENS unit is indicated in the treatment of chronic intractable pain of greater than three months duration in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed, in this case, however, the request in question does appear to be a duplicate request. A one-month trial of a TENS unit was approved, above. It was not clear why two several requests for TENS unit were made. Therefore, the request was not medically necessary.