MAXIMUS Federal Services

Case Number:	CM15-0053820		
Date Assigned:	03/27/2015	Date of Injury:	06/27/2008
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
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: California
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:

The injured worker is a 54 year old female who sustained an industrial injury on June 27 2008. The injured worker was diagnosed with cervical disc degeneration, cervical spondylosis without myelopathy, postlaminectomy syndrome of the cervical spine, cervicalgia, sleep disturbance, shoulder pain, osteoarthritis, and lumbosacral spondylosis without myelopathy. The injured worker is status post cervical spine fusion and shoulder surgery (no date or procedure documented). According to the primary treating physician's progress report on February 13, 2015, the injured worker continues to experience neck, right upper extremity pain and diffuse low back pain. Examination demonstrated tenderness to palpation and taut bands. There is cervical paraspinal, suprascapular, upper extremity and rhomboid spasm with evidence of cervical dystonia. There is a noted head tilt with asymmetry from the midline and painful contractions causing pain in the cervical and thoracic spine. A cervical trigger point injection was administered this office visit. Current medications are listed as Norco, Topamax, Cyclobenzaprine, Lansoprazole, Etodolac and Nortriptyline. Treatment plan is for a trigger point injection to the right shoulder next office visit, acupuncture therapy for 6 sessions, physical therapy, a right C7-T1 transforaminal epidural steroid injection (ESI), medications and the request for authorization for transcutaneous electrical nerve stimulation (TEN's) unit for pain reduction, functional mobility and range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 116.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 173-174, 181-183, 203, 300, 308-310,Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page 114-121. Electrical stimulators (E-stim) Page 45. Functional restoration programs (FRPs) Page 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Electrotherapies. Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Electrical stimulation, TENS (transcutaneous electrical nerve stimulation). Work Loss Data Institute Neck and upper back (acute & chronic) 2013 http://www.guideline.gov/content.aspx?id=47589.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat / cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) state that electrotherapies are not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 300) indicates that physical modalities such as diathermy, ultrasound, transcutaneous electrical neurostimulation (TENS) units, percutaneous electrical nerve stimulation (PENS) units, and biofeedback have no proven efficacy in treating acute low back symptoms. Insufficient scientific testing exists to determine the effectiveness of these therapies. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308) indicates that TENS is not recommended. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints indicates that physical modalities, such as transcutaneous electrical neurostimulation (TENS) units, are not supported by high-quality medical studies. Official Disability Guidelines (ODG) indicates that electrical stimulation is not recommended for shoulder conditions. TENS is not recommended. Medical records document a history of shoulder, neck, and back complaints. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the use of transcutaneous electrical nerve stimulation (TENS) for shoulder, neck, and back conditions. Therefore, the request for a TENS unit is not medically necessary.