

Case Number:	CM15-0055289		
Date Assigned:	03/30/2015	Date of Injury:	02/03/2012
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: Indiana

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 injured worker is a 30 year old female who sustained an industrial injury on February 3, 2012. The injured worker underwent a left de Quervain's release on September 24, 2014 and a left 5th finger surgery (no date documented). The injured worker has received physical therapy postoperatively. A left elbow magnetic resonance imaging (MRI) was performed on January 30, 2015, a thoracic spine magnetic resonance imaging (MRI) on January 10, 2015 lumbar spine magnetic resonance imaging (MRI) in November 2014. The injured worker was diagnosed with status post left de Quervain's tenosynovitis, left 5th finger surgery, bilateral carpal tunnel syndrome, cervical spine sprain/strain and lumbar spine sprain/strain. According to the treating physician's progress report on December 16, 2014, the injured worker continues to experience left wrist pain with gripping and grasping, mild pain in the thumb and 5th digit. Bilateral thumb range of motion was equal bilaterally. The 5th digit range of motion was within normal limits. On January 5, 2015 the injured worker was seen for low back and neck pain. Examination demonstrated tenderness to palpation of the cervical and lumbar paraspinal muscles and decreased bilateral straight leg raise. Current medications are listed as Tramadol, Flexeril, Ibuprofen, and Prilosec. Treatment plan consists of completing physical therapy, home exercise program, current medications, and the current request for a left Spica and right volar splint and transcutaneous electrical nerve stimulation (TEN's).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Transcutaneous electrical nerve stimulation unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 114-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: MTUS states regarding TENS unit, "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." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention, Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program, Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings, Ankle and foot: Not recommended, Elbow: Not recommended, Forearm, Wrist and Hand: Not recommended, Shoulder: Recommended for post-stroke rehabilitation, Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended. (8) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request is not medically necessary.