

Case Number:	CM15-0059621		
Date Assigned:	04/06/2015	Date of Injury:	05/16/2012
Decision Date:	05/04/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/30/2015

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: Arizona, 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 (IW) is a 40-year-old female who sustained an industrial injury on 05/16/2012. Diagnoses include cervical radiculopathy, medial epicondylitis and myofascial pain syndrome. Treatment to date has included medications, ice/heat, extracorporeal shockwave therapy and physical therapy. Diagnostics performed to date included x-rays and MRIs. According to the Initial Pain Management Evaluation dated 8/15/14, the IW reported pain in the left wrist/hand and in the upper back, left shoulder/arm and left elbow/forearm. On physical examination, trigger points were present in the upper back and in the wrist flexor muscles at their insertion at the medial epicondyle. A request was made for nerve stimulator treatment (percutaneous electrical nerve stimulator), four treatments over 60 days; this was to be an adjunct with a home exercise program to help restore functional levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nerve stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use request for 60 days exceeded the 1 month trial. The request for a TENS unit is not medically necessary.