

Case Number:	CM15-0087210		
Date Assigned:	05/11/2015	Date of Injury:	12/15/2008
Decision Date:	06/10/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/06/2015

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: North Carolina
 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 54 year old female patient who sustained an industrial injury on 12/15/2008. The injury was described as an automobile accident while driving the snowplow truck an oncoming driver hit the plow head-on resulting in the patient having acute onset of neck pain. A neurological consultation visit dated 06/07/2010 reported the patient with subjective complaint of upper back, shoulder girdle and cervical pain. The pain in the neck is noted as constant but varies in severity, and also reports her neck cracking and popping a lot. Treatment involved included: epidural steroid injections, facet procedures, and oral pain medications, current medications are: Naproxen, hydrocodone 5/500mg, Carisoprodol and Omeprazole. Objective findings showed the right suboccipital area markedly tender around the greater occipital nerve, with soreness to palpation in the right parietal skull. The neck was with limited range of motion in extension to 38 degrees with increased cervical and right shoulder girdle pain. Tenderness was present not only at the base of the skull on the right, but throughout the right paracervical region and into the right trapezius and upper shoulder girdle musculature. The impression noted the patient with marked cervical strain associated with an employment vehicle accident; and cervical disc disease at C5-6. A more recent pain management visit dated 03/05/2015 reported the patient with multiple claims; one involving the cervical spine dealt with private insurance, and the lumbar spine complaints. The patient reports taking the current medication regimen offers an improved function and ability to perform activities of daily living. Current medications are: Ambien, Tizanidine, Norco 10/325mg, Relafen, Flexeril, Fioricet, Prilosec, Lorazepam, Valtorna, and Librax. She is diagnosed with: cervical disc degeneration,

and cervical spondylosis. She was prescribed both Ambien, and Norco. She is deemed permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and supplies Qty: 6 (months): 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): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore criteria have not been met and the request is not medically necessary.