

Case Number:	CM15-0088152		
Date Assigned:	05/12/2015	Date of Injury:	04/07/2009
Decision Date:	06/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/07/2015

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, Indiana, New York
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 57 year old female who sustained an industrial injury on 04/07/2009. Current diagnoses include lumbalgia/lumbar intervertebral disc, displacement of cervical, thoracic sprain/strain, and myofascial pain. Previous treatments included medication management, TENS therapy, CMT, ultrasound treatments, Toradol injections, trigger point injections, acupuncture, paraffin bath treatments, and home exercise program. Previous diagnostics include an electrodiagnostic study on 02/11/2010. Report dated 04/03/2015 noted that the injured worker presented with complaints that included neck pain, and right upper extremity pain. It was noted that medications and TENS help with pain. Pain level was not included. Physical examination was positive for tenderness to palpation and decreased cervical spine range of motion. The treatment plan included continue with medication, she has one more refill, dispensed TENS patches, continue with home exercise program and TENS treatment, and stay active. Disputed treatments include retrospective usage of TENS patch x 2 pairs (DOS 04/03/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 4-3-15) TENS patch x 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS Unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective date of service April 3, 2015 TENS patch two pairs is not medically necessary. "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. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. TENS to the wrist is not recommended. In this case, the injured worker's working diagnoses are lumbalgia/ lumbar vertebral disc; displacement of cervical; thoracic sprain/strain; myofascial pain. Subjectively, according to the April 3, 2015 progress note, the injured worker complains of neck pain and right upper extremity pain. The injured worker uses medications and TENS. Objectively, the checkbox for tenderness palpation is checked with decreased range of motion of the cervical spine. There is no documentation of functional improvement with ongoing TENS use nor is there documentation of decreased medication use associated with TENS. Additionally, TENS is not recommended for the forearm, wrist and hand. The ACOEM does not recommend TENS as a physical therapy modality. Consequently, absent clinical documentation with functional improvement associated with ongoing TENS use, guideline non-recommendations for TENS application to the wrist, documentation of decreased medication use associated with TENS, retrospective date of service April 3, 2015 TENS patch two pairs is not medically necessary.