

Case Number:	CM15-0234583		
Date Assigned:	12/10/2015	Date of Injury:	08/01/2011
Decision Date:	01/13/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	12/01/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 43 year old female, who sustained an industrial injury on 8-1-2011. The injured worker is undergoing treatment for rotator cuff tear, shoulder strain-sprain, carpal tunnel syndrome, myalgia, and myofascial pain. Medical records dated 10-15-2015 indicate the injured worker complains of unchanged neck pain radiating to bilateral upper extremities and pain rated 6 out of 10. Physical exam dated 10-15-2015 notes decreased cervical range of motion (ROM), decreased sensation of left upper extremity, numbness and tingling of fingers in right hand, cervical tenderness to palpation, positive twitch response and guarding. Treatment to date has included physical therapy, trigger point injection, home exercise program (HEP), medication, lumbar brace, and wrist braces. The original Utilization Review dated 11-4-2015 indicates the request for transcutaneous electrical nerve stimulation (TENS) patches X 4 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patches x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), TENS (transcutaneous electrical nerve stimulation).

Decision rationale: According to the cited CA MTUS and ODG, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However, it may be used as a noninvasive conservative adjunct for an evidence-based functional restoration program during a one-month home-based TENS trial. The ODG further states that there is very low quality evidence that TENS is more effective than placebo when used for chronic neck disorders with radicular findings. Based on the available medical records, there is no documentation of resultant outcomes based on pain scores and objective functional improvement. Therefore, the request for a transcutaneous electrical nerve stimulation (TENS) patches X 4 is not medically necessary and appropriate.