MAXIMUS Federal Services

Case Number:	CM15-0235861		
Date Assigned:	12/11/2015	Date of Injury:	10/23/2008
Decision Date:	01/14/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	12/02/2015

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 49 year old female who sustained an industrial injury October 23, 2008. Past history included left shoulder surgery and right carpal tunnel release. Diagnoses are spasm; carpal tunnel syndrome; neck pain; lesion of ulnar nerve; psychophysiologic disorder; shoulder joint pain. According to a treating physician's progress report dated October 13, 2015, the injured worker presented with complaints of bilateral upper extremity pain, right greater than left. She reported that due to her increased typing at work she is experiencing a flare-up of pain. She reports heat to her shoulder and ice to her wrist and she is unable to lift her right arm. Current medication included ibuprofen, Lidoderm, Medrol Pak, Norco, Tizanidine, and Voltaren. Objective findings included; cervical spine- 2+ muscle spasm over upper trapezius bilaterally; upper extremities-range of motion within normal limits except for flexion which is limited to 30 degrees in the right upper extremity, extension limited to 30 degrees; soft tissue tenderness noted over right arm; guarded movements throughout the right upper extremity; unable to extend elbow without pain, limiting shoulder exam. She reports being unable to participate in her home exercise program due to pain and does not want to participate in physical therapy, acupuncture, or surgical intervention. She has completed 5-6 sessions of physical therapy and 6 sessions of pain psychiatry. At issue, is the request for authorization for TENS supplies. According to utilization review dated November 5, 2015, the request for TENS supplies for electrodes, skin pads and batteries x 3 months were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS supplies for electrodes, skin pads and batteries x3 months: 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) Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS supplies for electrodes, skin pads and batteries, three months is not medically necessary. 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. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. TENS is not recommended to the forearm, wrist and hands. In this case, the injured worker's working diagnoses are spasm; carpal tunnel syndrome; neck pain; lesion of ulnar nerve; psychophysiological disorder; and shoulder joint pain. Date of injury is October 23, 2008. Request for authorization is October 30, 2015. According to an October 13, 2015 progress note, the injured worker has ongoing bilateral upper extremity pain. Documentation is not specific regarding the bilateral upper extremity pain. Injured worker sustained an intermittent flare 1 week. TENS has been used for an undetermined period of time. The worker has declined physical therapy and acupuncture. Inched worker is engaged in a home exercise program. Medications include Norco, tizanidine and Voltaren gel. Objectively, there is spasm in the trapezius muscles. Range of motion at the shoulders is decreased. There is tenderness palpation over the right upper extremity. There is no documentation demonstrating objective functional improvement with the ongoing use of the TENS unit. The specific anatomical region for TENS application is not specified in the medical record. TENS is not recommended for treatment of the forearm, wrist and hand. There are no pain scores documented in the record with a downward trend. There is no documentation of a decrease in the need for opiates and muscle relaxants. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, guideline non- recommendations for TENS use in the upper extremities (forearm, wrist and hands) and no specific documentation of anatomical region application, TENS supplies for electrodes, skin pads and batteries, three months is not medically necessary.