

Case Number:	CM14-0134677		
Date Assigned:	08/27/2014	Date of Injury:	05/07/2013
Decision Date:	10/23/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old male who sustained a computed tomography from 10/07/81 to 05/07/13. On 07/10/14, he presented with pain in the left wrist following the carpal tunnel release, neck and back pain that radiated to the upper and lower extremities with pain, paresthesia and numbness. He has had anxiety since being a teenager and was also diagnosed with prostate cancer in April 2011; he also has hypertension and arrhythmia. Magnetic resonance imaging scan of the lower back on 07/05/11 showed a 2-mm disc bulge at L3-L4 and a 3-mm disc budge at L5-S1. In the past he underwent an umbilical hernia surgery about 10 years ago, cancer surgery to remove a lesion from his face, and carpal tunnel release to his left wrist. His current medications include high blood pressure medications, antidepressants, and muscle relaxants. Past treatments have included muscle relaxants, physical therapy, injections, and he also received vocational rehab for about 14 years for the back. His diagnoses are cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis/bursitis and writ tendinitis/bursitis. No information was available for the exam, current medications, and treatment outcome.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-FORCE STIMULATOR UNIT (PURCHASE) WITH 3 MONTHS SUPPLIES AND CONDUCTIVE GARMENT X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. The earliest devices were referred to as transcutaneous electrical nerve stimulation and are the most commonly used. It should be noted that there is not one fixed electrical specification that is standard for transcutaneous electrical nerve stimulation; rather there are several electrical specifications. Transcutaneous electrical nerve stimulation for chronic pain, is recommended as a one-month home-based transcutaneous electrical nerve stimulation trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. It is also not known if adding transcutaneous electrical nerve stimulation to an evidence-based intervention, such as exercise, improves even more outcomes, but studies assessing the interactions between exercise and transcutaneous electrical nerve stimulation found no cumulative impact. There is no documentation of one month trial. The medical records do not document any of the above conditions. There is no documented neuropathic pain diagnosis to establish the need for the transcutaneous electrical nerve stimulation unit. Based on the Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.