

Case Number:	CM14-0134797		
Date Assigned:	08/27/2014	Date of Injury:	07/27/2012
Decision Date:	10/23/2014	UR Denial Date:	08/12/2014
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 Pain Management 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 31-year-old who sustained an injury on July 27, 2012. On July 12, 2014, he presented with complaints of left shoulder and low back pain with radiating symptoms into his right leg all the way to his foot; he described the pain as burning, numbness, and tingling. He indicated that his left shoulder has improved with physical therapy. Exam of the left shoulder revealed impingement. There was weakness with external rotation. Exam of the low back revealed tenderness and spasm. There was right-sided radiculopathy. The magnetic resonance imaging scan left shoulder of June 10, 2013 revealed a type II acromion with mild acromioclavicular capsular hypertrophy, a small amount of fluid in the subacromial bursa compatible with bursitis and low grade bursal surface fraying at the distal anterior supraspinatus insertion. He underwent a left shoulder surgery on January 14, 2014. Current medications include Anaprox, Prilosec, hydrocodone, and Terocin patch. His past treatment included use of transcutaneous electrical nerve stimulation unit for his low back and shoulder pain from March 10 to July 5, 14, which he indicated was effective. July 3, 2014 report indicated that he will not be utilizing as much Norco as transcutaneous electrical nerve stimulation unit has helped his pain. He noted improvement in left shoulder with physical therapy performed from April 18, 2014 to July 3, 2014. Transcutaneous electrical nerve stimulation unit with supplies for one month rental was approved on February 14, 2014. Diagnoses include left shoulder impingement syndrome status post left shoulder arthroscopy for subacromial decompression and spondylolisthesis of the lumbosacral spine at L5-S1; rule out bilateral L4-5 and LS-S1 radiculopathy, right worse than left. The request transcutaneous electrical nerve stimulation unit and supplies for the low back and left shoulder purchase was denied on August 12, 2014 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a transcutaneous electrical nerve stimulation (TENS) unit and supplies for the low back and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Transcutaneous electrical nerve stimulation

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, 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. Most studies on transcutaneous electrical nerve stimulation can be considered of relatively poor methodological quality. Transcutaneous electrical nerve stimulation does not appear to have an impact on perceived disability or long-term pain. Highfrequency transcutaneous electrical nerve stimulation appears to be more effective on pain intensity when compared with low frequency, but this has to be confirmed in future comparative trials. 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. A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of transcutaneous electrical nerve stimulation in the routine management of chronic low back pain. There was conflicting evidence about whether transcutaneous electrical nerve stimulation was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. On June 8, 2012, the Centers for Medicare & Medicaid Services (CMS) issued an updated decision memo concluding that transcutaneous electrical nerve stimulation is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. 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 for a TENS unit purchase is not medically necessary or appropriate.