

Case Number:	CM14-0149388		
Date Assigned:	09/18/2014	Date of Injury:	10/27/2009
Decision Date:	11/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 10/27/09 when, while working as a registered nurse and moving a bed she had right shoulder and neck pain. She was seen by the requesting provider on 11/07/13. She had completed myofascial therapy treatments. She had improved range of motion and was taking less pain medications. She was performing a home exercise program. On 12/05/13 she was having neck pain and headaches. Pain was radiating into the right upper extremity. Physical examination findings included decreased cervical spine range of motion with pain and tight and severely restricted muscles. She was working full duty. Lidoderm, Tylenol number three, and Voltaren gel were prescribed. On 01/16/14 she had completed 10 therapy sessions. She was continuing to use Voltaren gel and ibuprofen and taking Tylenol number three occasionally. She had not been using the Lidoderm. She was having difficulty sleeping. On 03/27/14 she was to continue performing a home exercise program. On 06/11/14 she had been on vacation for 10 days. She was having muscle spasms, myalgias, neck pain, and she was having migraines. Physical examination findings included decreased cervical spine range of motion. Physical examination findings appear unchanged. Authorization for a 30 day trial of TENS was requested. On 08/20/14 she had tried using the TENS unit and had increased pain. She was managing with her home exercise program. She was continuing to work full-time. Physical examination findings included decreased and painful cervical spine range of motion. Recommendations included continued use of medications and a home exercise program. Voltaren gel was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit times 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS Page(s): Page 116.

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

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic neck and shoulder pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the use of TENS include that there is documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, a three month rental of a TENS unit was not medically necessary because the claimant did not demonstrate benefit from a one month trial of TENS use.

TENS Electrodes 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS Page(s): Page 116.

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

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic neck and shoulder pain. In this case, the three month rental of a TENS unit was not medically necessary because the claimant did not demonstrate benefit from a one month trial of TENS use. Therefore, the requested 3 month supply of electrodes was not medically necessary.

Skin Prep Pads 3 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS Page(s): Page 116.

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

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic neck and shoulder pain. In this case, the three month rental of a TENS unit was not medically necessary because the claimant did not demonstrate benefit from a one month trial of TENS use. Therefore, the requested 3 month supply of skin prep pads was not medically necessary.

TENS replacement batteries Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS Page(s): 116.

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

Decision rationale: The claimant is nearly 5 years status post work-related injury and continues to be treated for chronic neck and shoulder pain. In this case, the three month rental of a TENS unit was not medically necessary because the claimant did not demonstrate benefit from a one month trial of TENS use. Therefore, the requested TENS replacement batteries was not medically necessary.