

Case Number:	CM14-0094193		
Date Assigned:	07/25/2014	Date of Injury:	06/06/2010
Decision Date:	09/25/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/20/2014

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:

There were 66 pages provided for review. The application for independent medical review was signed on June 16, 2014. The services, goods or items that were denied or modified were a TENS unit purchase with three months of supplies which was denied by the physician advisor. Per the records provided, the claimant was described as a 48-year-old female who was injured at work. There was a repetitive strain injury, myofascial pain syndrome and bilateral elbow lateral epicondylitis. The electrodiagnostic studies done November 29, 2010 were normal. MRI of the brain in the neck was normal. As of May 27, 2014, there was improving function, decreased opiate and Tylenol number three use, and new nonpharmacological pain management techniques. The current medicine was Tylenol number three as needed. There was still decreased cervical range of motion and myofascial trigger points. The claimant had tried acupuncture, physical therapy and medicines. Treatment recommendations included completing the last two weeks of a functional restoration program. The documentation provided does state the claimant had failed other conservative treatments and is currently in a functional restoration program. There was no mention of a one-month TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous electrical nerve stimulation) Unit purchase with 3 months supply of patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116. Decision based on Non-MTUS Citation Carroll-Cochrane, 2001; Chong, 2003; Niv, 2005.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines notes that TENS is, "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below...Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) - Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) -Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) - Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm." It was not indicated that the claimant had these conditions within the medical records provided for review. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. As such, the request is not medically necessary and appropriate.