

Case Number:	CM13-0062562		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2012
Decision Date:	03/12/2015	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/06/2013

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 working as a janitor on 8/1/12. She has reported previous symptoms of head, neck, right arm and upper extremity, hand, thorax and lumbar spine pain. The diagnoses have included left shoulder impingement, left knee strain/sprain, internal derangement, post traumatic stress syndrome and Degenerative Joint Disease (DJD). Treatment to date has included diagnostics, medications, psychology consult/psychotherapy, massage, physical therapy and chiropractic. Currently, as per primary treating physician's PR2's dated 9/23/13, 10/4/13, and 10/21/13, the IW complains of persisting symptoms related to the cervical, thoracic and lumbar spine. The left shoulder and left knee pain also worsen with activities of daily living (ADL's). There is tenderness in the left shoulder with full range of motion. Crepitus is noted as she raises her arm laterally over her head. The left knee is tender in the medial compartment. The IW experiences ongoing pain and required psychological consult. The urine toxicology on 10/4/13 was consistent with prescribed medications. The Magnetic Resonance Imaging (MRI) of lumbar spine dated 4/28/13 revealed posterior broad based disk bulging with minimal bilateral neural foraminal narrowing without stenosis. On 11/26/13 Utilization Review modified a request for Transcutaneous Electrical Nerve Stimulation (TENS) unit 3 month rental modified to Transcutaneous Electrical Nerve Stimulation (TENS) unit for 1 month rental, noting that as presented in the guidelines, the use of the Transcutaneous Electrical Nerve Stimulation (TENS) unit is appropriate when documentation of pain of at least 3 months duration is noted and there is evidence of other appropriate pain modalities that have been tried and failed. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT 3 MONTH RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy,.

Decision rationale: the claimant is more than two years status post work-related injury and continues to be treated for chronic multilevel spine and left knee and shoulder pain. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS and for purchase of a unit for home use include 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. A three month rental is not medically necessary.