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| Case Number: | CM15-0000365 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 04/16/2013 |
| Decision Date: | 03/06/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 01/02/2015 |

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: California

Certification(s)/Specialty: Family Practice

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 47 year old female who sustained an industrial injury on April 16, 2013. She has reported right shoulder pain and has been diagnosed with cervical sprain/strain neck, strain shoulder unspecified site, rotator cuff syndrome, and shoulder impingement syndrome. Treatment to date has included TENS trial, right shoulder injection, modified work duty, and medications. Currently the injured worker has right shoulder impingement. The treating physicians plan was for TENS patch, right shoulder cortisone injection, and follow up. On December 9, 2014 the Utilization Review form non certified TENS patch x 4 pairs noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 4 pairs: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Transcutaneous Electrotherapy (TENS) as a treatment modality. These guidelines state the following: 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration, There is evidence that other appropriate pain modalities have been tried (including medication) and failed A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with 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. Other ongoing pain treatment should also be documented during the trial period including medication usage, A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case the patient does not have a documented neuropathy as the cause of the chronic pain or CRPS as a diagnosis. There is insufficient documentation that the patient has had an adequate trial of other modalities such as medication and physical therapy. There is insufficient documentation on the specific short- and long-term goals with the TENS unit. There is insufficient evidence that the request was for a one-month trial with monitoring of relevant outcomes. Finally, it appears that this is a request for a 4-lead unit; which would require documentation as to why this is necessary. For all of these reasons, a TENS patch X 4 pairs is not medically necessary.