MAXIMUS Federal Services

Case Number:	CM15-0004381		
Date Assigned:	01/15/2015	Date of Injury:	09/10/2007
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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: Preventive Medicine, Occupational Medicine

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 42 year old male, who sustained an industrial injury on 09/10/2007. He has reported right hand/wrist pain. The diagnoses have included status post severe laceration to the right hand, right carpal tunnel syndrome, paresthesia ulnar border of the right small finger, and right lateral epicondylitis. Treatment to date has included medications, physical therapy, and TENS Unit. Medications have included Motrin, Norco, Ultram, and Prilosec. A progress noted from the treating physician, dated 11/25/2014, documented a follow-up visit with the injured worker. The injured worker reported right hand/wrist pain, rated 6/10 on the visual analog scale; functional improvement and improvement in pain and activities of daily living with the current medication regimen; and TENS unit is helpful and to treat right upper extremity pain and keep oral pain medication use to a minimum. Objective findings included decreased sensation over the ulnar aspect of the right hand, involving the right ring and little fingers, as well as the ulnar border of the right hand. The treatment plan has included prescriptions for Norco and Motrin; continuing home exercise of the right hand and little finger; await authorization for replacement of TENS unit; and follow-up evaluation in one month. On 12/12/2014 Utilization Review non-certified a Replacement Home TENS Unit, noting the lack of documentation to support how the unit was used, as well as the outcomes in terms of pain relief and function. The MTUS, Chronic Pain Medical Treatment Guidelines, Criteria for the use of TENS was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of a Replacement Home TENS Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement Home TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

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

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, 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, and a treatment plan including specific short and long term goals of treatment.The injured worker reportedly used the TENS unit for five years with benefit before the unit broke. He currently is treated well with pain medications and during the period when the TENS unit was broken he reported improvement. He has been working and is traveling for work. There is no report of a home exercise program, or other program for functional restoration. Functional benefit and medical necessity of the TENS unit at this point in his treatment is not discussed. The criteria for use of TENS unit include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. The medical reports do not describe a treatment plan including specific short and long term goals of treatment with the TENS unit. The request for Replacement Home TENS Unit is determined to not be medically necessary.