

Case Number:	CM15-0008586		
Date Assigned:	01/26/2015	Date of Injury:	03/04/2014
Decision Date:	03/17/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/14/2015

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: Texas, 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 59 year old female with an industrial injury dated 03/04/2014. Her diagnoses include cervical spine strain/sprain, rule out cervical radiculopathy, left shoulder sprain/strain, rule out internal derangement, low back pain, lumbar strain/sprain, rule out radiculopathy, and bilateral knee strain/sprain rule out internal derangement. Recent diagnostic testing was not submitted or discussed. She has been treated with pain medications for several months. In a progress note dated 12/01/2014, the treating physician reports constant burning and radicular neck pain rated 6-7/10, constant burning left shoulder pain rated 6-7/10, constant burning and radicular low back pain rated 6-7/10 associated with numbness and tingling in both lower extremities, and constant burning bilateral knee pain rated 8/10 with numbness, tingling and pain radiating to both feet, despite treatment. The objective examination revealed tenderness to palpation over the cervical paraspinal muscles bilaterally, decreased range of motion in the cervical spine, tenderness to palpation at the trapezius and rhomboid muscles with decreased range of motion, diminished sensation to pinprick and light touch over the cervical dermatomes in the bilateral upper extremities, slightly decreased motor strength in the upper extremities, and 2+ reflexes and vascular pulses in the bilateral upper extremities, There was noted tenderness in the lumbar paraspinal muscles over the lumbosacral junction with decreased range of motion, and tenderness to palpation over the medial and lateral joint lines and to the patellofemoral joint bilaterally without instability, and decreased range of motion, sensation and motor strength bilaterally. The pain was alleviated by rest and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with one month supplies, electrodes, batteries and lead wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: Request: TENS unit with one month supplies, electrodes, batteries and lead wires. According the cited guidelines, electrical stimulation (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. 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. 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). According the cited guidelines, Criteria for the use of TENS is - There is evidence that other appropriate pain modalities have been tried (including medication) and failed. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. The details of PT or other types of therapy done since the date of injury were not specified in the records provided. A detailed response to previous conservative therapy was not specified in the records provided. Previous conservative therapy notes were not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications or history of substance abuse was not specified in the records provided. The pain was alleviated by rest and pain medication. The medical necessity of the TENS unit is not fully established and therefore the need for the TENS unit supplies is also not established. The medical necessity of the request for TENS unit with one month supplies, electrodes, batteries and lead wires is not fully established for this patient.