

Case Number:	CM15-0103679		
Date Assigned:	06/08/2015	Date of Injury:	04/28/2012
Decision Date:	07/07/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	05/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 59 year old male who sustained an industrial injury on 04/28/2012. The initial injury report is not found in the medical records provided. The injured worker was diagnosed as having epicondylitis, medial; and cervicalgia/neck pain. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, medications, and a home exercise program. Currently, the injured worker complains of pain in the right shoulder to the elbows. Medications are helpful with pain reduction. He does home exercise program, and uses the transcutaneous electrical nerve stimulation (TENS) unit twice daily for pain. The IW has returned to modified work which is going well. The neck has moderate posterior tenderness bilaterally. Range of motion is normal but with pain, and he has no decreased motor activity. A retrospective request for authorization is made for TENS patches x 2 for neck (5/7/15) and Retrospective TENS patches x 2 for shoulder (5/7/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS patches x 2 for neck (5/7/15): Upheld

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

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no documentation of neuropathic pain in this case, There is no documentation of efficacy of previous use of TENS. Therefore, the prescription of Retrospective TENS patches x 2 for neck (5/7/15) is not medically necessary.

Retrospective TENS patches x 2 for shoulder (5/7/15): Upheld

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

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no documentation of neuropathic pain in this case, There is no documentation of efficacy of previous use of TENS. Therefore, the prescription of Retrospective TENS patches x 2 for shoulder (5/7/15) is not medically necessary.