

Case Number:	CM15-0011105		
Date Assigned:	01/29/2015	Date of Injury:	04/12/2013
Decision Date:	03/25/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 27 year old female, who sustained an industrial injury on 4/12/13. She has reported injury to right upper extremity. The diagnoses have included lumbago, displaced lumbar intervertebral disc, carpal tunnel syndrome, sacroiliitis, cervical radiculitis, shoulder impingement, bursitis, shoulder sprain/strain rotator cuff, lumbosacral sprain/strain and cervical myofascial sprain/strain. Treatment to date has included acupuncture, physical therapy and oral medications. Currently, the injured worker complains of continued pain in right upper extremity. The PR2 11/17/14 dated revealed slight periscapular tenderness. On 1/7/15 Utilization Review non-certified a TENS unit for purchase for right shoulder and lower back, noting the lack of documentation of ongoing or trial treatment, furthermore the lumbar spine was documented as unremarkable. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 1/9/15, the injured worker submitted an application for IMR for review of TENS unit for purchase for right shoulder and lower back.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Purchase for Right Shoulder and Lower Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 114-116.

Decision rationale: Electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain. Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. According to the MTUS, the use of a transcutaneous electrical nerve 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. These conditions include neuropathic pain, Phantom limb pain and CRPSII, spasticity, and multiple sclerosis. In this case the patient is not enrolled in an evidence-based functional restoration program and doesn't have an accepted diagnosis per the MTUS. Furthermore a one month trial has not been documented.