

Case Number:	CM15-0015733		
Date Assigned:	02/03/2015	Date of Injury:	03/12/2003
Decision Date:	03/26/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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, Michigan, 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 is a 55-year-old male, with a reported date of injury of 03/12/2003. The diagnoses include headache, status post cervical spine surgeries, thoracic sprain/strain, lumbar sprain/strain, right shoulder/arm internal derangement, left elbow sprain/strain, right wrist sprain/strain, and status post left wrist/hand surgery. Treatments have included a trial of a transcutaneous electrical nerve stimulation (TENS) unit in 2011, oral pain medications, and topical pain medication. The progress report dated 10/28/2014 indicates that the injured worker complained of constant headaches, neck pain with radiation to the left upper extremity with numbness and tingling, mid back pain, low back pain, right shoulder/arm pain, left wrist pain, occasional left elbow pain, and frequent right wrist pain. His pain level without medication was 9-10 out of 10, and 5 out of 10 with medication. The treating physician recommended a six month trial of a TENS unit for the injured worker's symptoms, which would reduce the need for pain medications and increase joint range of motion while the injured worker participated in a home exercise program. On 01/05/2015, Utilization Review (UR) denied the request for a 6-month trial of a TENS unit with supplies. The UR physician noted that there was a lack of relevant diagnosis and no documented improvements in function and pain resulting from a previous use of a TENS unit. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month trial of TENS unit with supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS 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. Furthermore, there is no clear information about a positive one month trial of TENS. The patient did use the TENS in 2011 without any evidence of objective and functional improvement. There is no recent documentation of recent flare of the patient's pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of 6 month trial of TENS unit with supplies is not medically necessary.