

Case Number:	CM15-0016007		
Date Assigned:	02/04/2015	Date of Injury:	07/27/2012
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/28/2015

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: Physical Medicine & Rehabilitation

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 was a 52 year old female, who sustained an industrial injury, July 27, 2012. According to progress note of December 11, 2014, the injured workers chief complaint was neck, right shoulder, right scapular, right upper extremity pain and low back pain. The injured worker was diagnosed with degeneration of the cervical intervertebral disc, right shoulder internal derangement, right upper extremity cumulative trauma disorder, lumbar disc disease, diffuse regional myofascial pain and chronic pain syndrome with both sleep and mood disorder. The injured worker previously received the following treatments EMG/NCS (electromyography and nerve conduction studies) on the upper extremities, failed physical therapy, failed medication management, failed chiropractic services and trigger point injections caused shaking in the face and jaw. The injured worker was using flector patches, Tylenol and voltaren cream for pain control. According to the progress note of December 11, 2014, the use of the H-wave electrostimulation therapy decreased the injured workers pain level to a 4 out of 10; 0 being no pain and 10 being the worse pain. On August 29, 2014, the primary treating physician requested authorization for TENS (transcutaneous electrical nerve stimulator) unit with H-wave and 6 months of supplies of the On January 20, 2015, the UR denied authorization for TENS (transcutaneous electrical nerve stimulator) unit and 6 months of supplies of the neck. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder, lower back and right upper extremity. The request is for TENS UNIT PURCHASE. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial with efficacy as required by MTUS guidelines. The patient does present with radicular symptoms and a trial of TENS may be reasonable. However, without a one-month trial, purchase of TENS unit is not recommended per MTUS. The request IS NOT medically necessary.

Electrodes for TENS (Transcutaneous Electrical Nerve Stimulation) unit, quantity: 6 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder, lower back and right upper extremity. The request is for TENS ELECTRODES, 6 MONTH SUPPLY. MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to program of evidence-based functional restoration. In this case, none of the reports show a 30-day trial of a TENS unit. There is no indication that the patient has completed a 30-day trial and the MTUS does not recommend a purchase without a trial first. While this patient may require a 30-day trial, the current request for TENS electrodes 6 month supply IS NOT medically necessary.

Skin Prep, quantity: 6 month supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

Decision rationale: The patient presents with pain and weakness in her neck, shoulder, lower back and right upper extremity. The request is for SKIN PREP, 6 MONTH SUPPLY. MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to program of evidence-based functional restoration. In this case, none of the reports show a 30-day trial of a TENS unit. There is no indication that the patient has completed a 30-day trial and the MTUS does not recommend a purchase without a trial first. While this patient may require a 30-day trial, the current request for skin prep, 6 month supply IS NOT medically necessary.