

Case Number:	CM15-0018849		
Date Assigned:	02/06/2015	Date of Injury:	09/02/2013
Decision Date:	03/31/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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:

This 30 year old male sustained an industrial injury on 9/2/13, with subsequent ongoing headaches, back pain, right shoulder pain and bilateral elbow pain. Treatment included physical therapy, acupuncture and medications. In a PR-2 dated 6/10/14, the physician noted that the injured worker responded well to a trial with electrical stimulation and requested authorization for a transcutaneous electrical nerve stimulator unit for home use. In a progress note dated 12/2/14, the injured worker complained of headaches, right upper extremity tingling and numbness and pain to the right shoulder and low back. Physical exam was remarkable for antalgic gait favoring left, left knee joint swelling, right shoulder joint swelling, stiffness and tenderness to palpation and weakness to the right upper extremity. Current diagnoses included post-concussion syndrome, fibromyositis, low back pain, insomnia disorder, adhesive capsulitis of shoulder, knee pain, psycho-physiologic disorder and thoracic spine pain. The treatment plan included home exercise program, requesting authorization for a thoracic transforaminal epidural, making an appointment with psychology and requesting authorization for orthopedics evaluation for right knee. On 1/17/15, Utilization Review noncertified a request for Select -Care Digital TENS Unit -Purchase and Electrode 1.75" X 1.75" 3 Pkg Of 4, every Month for 6 Months citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrode 1.75" X 1.75" 3 Pkg Of 4, every Month for 6 Months: Upheld

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

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 in right shoulder and low back radiating to lower extremities rated at 5-6/10. The request is for ELCTRODE 1.75" X 1.75" 3 PKG OF 4 EVERY MONTH FOR 6 MONTHS. The request for authorization is not available. Patient is status-post right shoulder injection 11/2013. Patient has been authorized for functional restoration program. MRI of the right foot 06/17/14 shows ganglion cyst vs synovitis within the tarsi bursa. MRI of the left knee 06/17/14 shows multi-directional small to moderate size popliteal cyst. MRI of the thoracic spine 06/17/14 shows T4-5 2.4mm paracentral disc protrusion / contained disc herniation causing spinal cord to torque to left and stretching the exiting T4-5 nerve. Patient's neurological symptoms include headaches, depression, anxiety and feels stressed out. Patient has had sessions of psychology, physical therapy, acupuncture and chiropractic treatments. Patient is walking 1.5 miles per day and exercising 4 to 5 times per week and encouraged to continue with daily exercise program. Patient's medication include Verapamil. The patient is temporarily totally disabled. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per progress report dated 06/10/14, treater's reason for the request is patient "responded well to a trial with electrical stimulation and we discussed getting approval for him to have a TENS unit for home use." Guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treater has not indicated how the unit is being used, how often and with what effectiveness in terms of not only pain relief but of functional improvement. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical low back or neck pain. Therefore, the request IS NOT medically necessary.

Select -Care Digital TENS Unit -Purchase: 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 TENS for chronic pain Page(s): 114-116.

Decision rationale: The patient presents with pain in right shoulder and low back radiating to lower extremities rated at 5-6/10. The request is for SELECT-CARE DIGITAL TENS UNIT - PURCHASE. The request for authorization is not available. Patient is status-post right shoulder injection 11/2013. Patient has been authorized for functional restoration program. MRI of the right foot 06/17/14 shows ganglion cyst vs synovitis within the tarsi bursa. MRI of the left knee 06/17/14 shows multi-directional small to moderate size popliteal cyst. MRI of the thoracic spine 06/17/14 shows T4-5 2.4mm paracentral disc protrusion / contained disc herniation causing spinal cord to torque to left and stretching the exiting T4-5 nerve. Patient's neurological symptoms include headaches, depression, anxiety and feels stressed out. Patient has had sessions of psychology, physical therapy, acupuncture and chiropractic treatments. Patient is walking 1.5 miles per day and exercising 4 to 5 times per week and encouraged to continue with daily exercise program. Patient's medication include Verapamil. The patient is temporarily totally disabled. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per progress report dated 06/10/14, treater's reason for the request is patient "responded well to a trial with electrical stimulation and we discussed getting approval for him to have a TENS unit for home use." Guidelines require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, the treater has not indicated how the unit is being used, how often and with what effectiveness in terms of not only pain relief but of functional improvement. Furthermore, the patient does not present with an indication for TENS unit. MTUS supports TENS units for neuropathic pain, spasticity, MS, phantom pain, and others; but not for mechanical low back or neck pain. Therefore, the request IS NOT medically necessary.