

Case Number:	CM15-0110074		
Date Assigned:	06/11/2015	Date of Injury:	04/12/2003
Decision Date:	07/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/08/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 54 year old male patient, who sustained an industrial injury on 4/12/2003. He reported a motor vehicle accident. Diagnoses include thoracic spine pain, shoulder joint pain, lower leg joint pain and lumbar disc degeneration. Per the doctor's note dated 5/5/2015, he had complaints of headache and neck pain. Per the doctor's note dated 4/27/2015, he had complaints of chronic neck, back, and upper extremity pain rated 5/10 VAS. Medications were documented to provide 40% pain reduction and improve function ability to complete daily living activities. A TENS rental unit was received and reported to reduce nighttime pain and allows for improved sleep. Per the note dated 3/23/15, the physical examination documented tender cervical muscles with decreased range of motion. There was hypersensitivity to right upper extremity. The medications list includes fentanyl patch, lidoderm patch, anaprox-DS, viagra, remeron, bisacodyl, glucosamine chondroitin tablet, docusate, centrum silver, tramadol/APAP and topical cream. He underwent knee surgery in 2006 and arthroscopic shoulder surgery in 2007. Treatments to date include medication management, physical therapy. The plan of care included a TENS unit for purchase, Naproxen/Anaprox DS 550mg tablets, one tablet twice daily #90; and Viagra 100mg tablets #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), page 114-116.

Decision rationale: TENS unit purchase. Patient was using TENS for this injury. Response to TENS unit in terms of functional improvement and decreased need for medications is not specified in the records provided. According to the cited guidelines, 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: "A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS unit purchase is not established for this patient. The request is not medically necessary.