

Case Number:	CM15-0110640		
Date Assigned:	06/17/2015	Date of Injury:	09/13/2002
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female, who sustained an industrial injury on 09/13/2002. Initial complaints and diagnosis were not clearly documented. On provider visit 05/15/15 dated the injured worker has reported back, knee, and shoulder complaints. On examination shoulder were noted as having tenderness at the AC joint and deltoid muscle. Range of motion was limited by pain and guarding. Back was noted as having bilateral lumbosacral paraspinous tenderness, no residual from epidural steroid injection and there were trigger points palpated and straight leg raise was negative. The diagnoses have included knee/lower leg pain, contusion of unspecified part of the upper limb, joint pain-shoulder, radiculopathy, DJD shoulder and knee/lower leg DJD arthritis. Treatment to date has included lumbar epidural steroid injections, TENS unit and medication. The provider requested TENS unit for indefinite use (to replacement of unit).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116 of 127.

Decision rationale: This claimant was injured 13 years ago. As of May 2015, there is still subjective pain complaints, with range of motion deficits. There is degenerative joint disease. This would be a replacement of a previous unit. Outcomes in regards to objective functional improvement out of the prior unit is not evident. The MTUS notes that 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. Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007) I did not find in these records that the claimant had these conditions that warranted TENS. The outcomes of the prior usage in regards to objective functional improvements are not noted. The request is not medically necessary.