

Case Number:	CM15-0113095		
Date Assigned:	06/19/2015	Date of Injury:	08/11/2011
Decision Date:	07/22/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/11/2015

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 56 year old male who reported an industrial injury on 8/11/2011. His diagnoses, and/or impressions, are noted to include: discogenic lumbar disc disease and degeneration; discogenic cervical condition; impingement syndrome of the left shoulder, status-post decompression with repair (7/2012) and lysis of adhesion with manipulation (11/2013); and chronic pain with weight gain, sleep disturbance and stress. No current imaging studies are noted. His treatments have included diagnostic magnetic resonance imaging of the lumbar spine in 2013; computed tomography of the back in 2/2014; a back brace; physical therapy; hot/cold therapy; collar with gel; neck pillow and traction with air-bladder; medication management; and modified work duties. The progress notes of 5/27/2015 reported occasional discomfort of the neck; gingerly doing his chores with restrictions; lumbar spine issues; and multiple monthly headaches. Objective findings were noted to include issues with sleep, stress and depression; tenderness along the rotator cuff and lumbar spine, with positive facet loading; weakness to resisted function; and decreased range-of-motion. The physician's requests for treatments were noted to include a 4-lead trans-cutaneous electrical nerve stimulation unit with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-Four lead transcutaneous electrical nerve stimulator (TENS) unit with conductive garment: 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
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Decision rationale: This claimant was injured back in 2011. There is degenerative spine disease and left shoulder impingement. The claimant is post shoulder surgeries. There has been a back brace and physical therapy. There is pain with facet loading. 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. Also, an outright purchase is not supported, but a monitored one month trial, to insure there is objective, functional improvement. In the trial, there must be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. There was no evidence of such in these records. The request is appropriately not medically necessary.