

Case Number:	CM15-0116046		
Date Assigned:	06/24/2015	Date of Injury:	09/29/2011
Decision Date:	07/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/16/2015

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: Connecticut, California, Virginia

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 41 year old female, who sustained an industrial injury on 9/29/11. She has reported initial complaints of right upper arm, forearm, and wrist and hand injury. The diagnoses have included hand pain, carpal tunnel syndrome and muscle spasm. Treatment to date has included medications, activity modifications, injections, physical therapy, and stellate ganglion blocks. The diagnostic testing that was performed included cervical Magnetic Resonance Imaging (MRI), nerve conduction velocity studies (NCV)/electromyography (EMG) of the upper extremities. Currently, as per the physician progress note dated 5/26/15, the injured worker complains of upper back and right hand pain rated 7/10 on pain scale with medications and 9/10 without medications. She reports poor sleep quality. The objective findings reveal cervical spine tenderness, trigger point and twitch response on palpation of the cervical muscles, there is limited range of motion of the neck, and there is tenderness noted of the cervical spine. The right elbow reveals tenderness to palpation of the lateral epicondyle and a small ganglion cyst is felt in the forearm. The right wrist reveals restricted range of motion, there is pain with extremes of range of motion, there is positive Tinel's sign and tenderness to the right first carpometacarpal joint with palpation and passive range of motion. The right hand reveals tenderness to palpation over the thenar eminence. The motor strength is limited by pain with motor strength of grip 4/5 on the right. The current medications included Pristiq, Biofreeze, Lidoderm patch, Naprosyn, Norco, and Zanaflex. The previous therapy sessions were not noted. The physician requested treatment included TENS (transcutaneous electrical nerve stimulation) Unit to address pain complaints and avoid medication escalation.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: With respect to chronic pain and according to the MTUS, 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 conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case, a treatment plan outlining short and long term goals for TENS therapy has not been established per the provided records, and no indication as to whether the request is for a trial or purchase is provided. Therefore, at this time and based on the provided records, the request for TENS for cannot be considered medically necessary.