

Case Number:	CM15-0117654		
Date Assigned:	06/26/2015	Date of Injury:	07/01/2005
Decision Date:	07/27/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, 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:

The injured worker is a 38 year old female, who sustained an industrial injury on 7/1/05. The injured worker has complaints of sensitivity in her right arm to her neck. The documentation on 5/20/15 noted that the injured worker had a trial of neuropathic cream and it helped a lot with pain and allowed her to use her right arm more while using it. The documentation noted that the injured worker is doing all activities and feels better. The documentation noted that elbow hyperflexion caused tingling into the 2nd and 3rd digit and the carpal compression test caused some tingling right 2nd digit. The diagnoses have included ligament sprain knee, hip; lumbar radiculopathy; complex regional pain syndrome (CRPS) type 1; central pain syndrome and anxiety/stress/depression. Treatment to date has included neuropathic cream for pain; zohydro and norco and therapy. The request was for transcutaneous electrical nerve stimulation unit replacement quantity one.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (Replacement) Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant does have CRPS and had used a TENS in the past but had been broken for several months. Therapeutic response and reduction in pain levels was not noted. Length of prior use is unknown and request for future length of use was not specified. The guidelines recommend a 1 month trial. The request for a replacement TENS unit is not substantiated and is not medically necessary.