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| Case Number: | CM15-0119894 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 11/06/2014 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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: 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 59 year old male, who sustained an industrial injury on 11/06/2014. He reported developing neck pain with radiation to right shoulder, and hands associated with headaches, stress, depression and anxiety from repetitive type activity. Diagnoses include cervical sprain, radiculopathy, shoulder sprain, myalgia/myositis, muscle spasm, unspecified sleep disorder and depression. Treatments to date include activity modification and chiropractic therapy. Currently, he complained of pain in the neck, upper back, and right shoulder. On 5/14/15, the physical examination documented tenderness and decreased range of motion in the neck and shoulder. There were positive findings in the right shoulder including positive Speed's and Yergason's tests. The neck demonstrated positive compression tests. The plan of care included one month Transcutaneous Electrical Nerve Stimulator Unit (TENS) rental unit and one month TENS supplies purchase (electrodes, batteries and lead wires) all between 6/3/15 and 7/18/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month transcutaneous electrical nerve stimulator unit supplies purchase (electrodes, batteries and lead wires): Upheld

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

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

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. In this case there are no treatment goals mentioned in the available documentation. The request for 1 Month rental of transcutaneous electrical nerve stimulator unit is not supported, therefore the request for 1 Month transcutaneous electrical nerve stimulator unit supplies purchase (electrodes, batteries and lead wires) is also determined to not be medically necessary.

1 Month rental of transcutaneous electrical nerve stimulator unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with

phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The TENS unit is also being used as a primary treatment modality, which is not supported by the guidelines. The criteria also include evidence that other appropriate pain modalities have been tried (including medication) and failed, of which this is not evident in the clinical documentation. These criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. In this case there are no treatment goals mentioned in the available documentation. The request for 1 Month rental of transcutaneous electrical nerve stimulator unit is determined to not be medically necessary.