

Case Number:	CM15-0124079		
Date Assigned:	07/08/2015	Date of Injury:	09/04/1997
Decision Date:	08/05/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/26/2015

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, 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:

This is a 53-year-old female patient, who sustained an industrial injury on September 4, 1997, incurring right upper extremity injuries. The diagnoses include upper extremity neuropathy and complex regional pain of the upper extremities. Per the doctor's note dated 5/7/2015, she had complaints of chronic pain in the upper extremities. She had complaints of chronic burning, and aching pain from the elbow down to the hand, made worse with activity. The medications list includes avinza, Oxycodone, zoloft, temazepam, desipramine, Gabapentin, lidoderm patch and promethazine. She has had cervical MRI, brain MRI on 7/26/2009 and EMG/NCS upper extremities dated 7/26/2013, which revealed chronic right cervical radiculopathy. She underwent three surgeries on her right arm including two surgical nerve release procedures and carpal tunnel release. Treatment included pain medications, topical analgesic patches, neuropathic medications and antidepressants. The treatment plan that was requested for authorization included transcutaneous electrical stimulation unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit & supplies (indefinite use), Qty: 1. 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page 114-116.

Decision rationale: Q-TENS unit & supplies (indefinite use), Qty: 1. 00. According to the cited guidelines, 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. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of appropriate medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS unit & supplies (indefinite use), Qty: 1. 00 is not medically necessary for this patient.