

Case Number:	CM15-0125321		
Date Assigned:	07/09/2015	Date of Injury:	04/12/2006
Decision Date:	08/05/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

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 age unknown and not listed in the records is a male, who sustained an industrial injury on 4/12/06. The diagnoses have included discogenic cervical condition, left shoulder impingement syndrome, epicondylitis laterally on the left status post release, ulnar nerve entrapment of the left elbow, carpal tunnel syndrome on left and chronic pain syndrome. Treatment to date has included medications, activity modifications, bracing, gloves, Transcutaneous electrical nerve stimulation (TENS), neck collar, hot and cold wrap, neck pillow, surgery, injections and other modalities. Currently, as per the physician progress note dated 5/13/15, the injured worker complains of shooting pain along the ulnar nerve on the left and shooting pain from the neck to the head that travels along the left arm. He also reports dizziness related to the neck pain, spasm and motion loss. The objective findings reveal blood pressure of 139/80. There is mild tenderness along the elbow, motion is satisfactory. There is tenderness along the facets with positive facet loading. The neck flexion is 40 degrees and extension is 60 degrees. He also reports issues with sleep, stress and depression. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the neck and electromyography (EMG)/nerve conduction velocity studies (NCV) of the bilateral upper extremities. The current medications included MS Contin, Remeron, Flexeril, Neurontin, Celebrex and Protonix. There are no previous diagnostic reports noted. There is no previous urine drug screen reports noted and there is no previous therapy sessions noted. The physician requested treatment included Four-lead transcutaneous electrical nerve stimulator (TENS) unit with conductive garment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four-lead transcutaneous electrical nerve stimulator (TENS) unit with conductive garment: Overturned

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 TENS Page(s): 114.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. A review of the clinical documentation shows that these criteria have been met and the request is medically necessary.