

Case Number:	CM15-0126008		
Date Assigned:	07/10/2015	Date of Injury:	08/26/2014
Decision Date:	08/11/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency 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:

This 46-year-old woman sustained an industrial injury on 8/26/2014. The mechanism of injury is not detailed. Diagnoses include bilateral carpal tunnel syndrome, cervical spine sprain/strain, lumbar spine sprain/strain, and right shoulder sprain/strain rule out internal derangement. Treatment has included oral medications, acupuncture, chiropractic care, home exercise program, and physical therapy. Physician notes on a PR-2 dated 5/5/2015 show complaints of cervical spine pain rated 6/10 with bilateral upper extremity radiculopathy, bilateral hand pain, lumbar spine pain rated 6/10, and right shoulder pain rated 4-5/10. Recommendations include physical therapy, acupuncture, interferential unit/TENS unit, injection therapy, and follow up in three to four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 month home based trial of a TENS/EMS unit with supplies to include TENS patches:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: The patient is a 46-year-old female who sustained an injury in August of 2014. She has subsequently been diagnosed with multiple conditions including bilateral carpal tunnel syndrome, cervical spine sprain/strain, lumbar spine sprain/strain, and right shoulder sprain/strain rule out internal derangement. The requested treatment is the use of transcutaneous electrical stimulation to aid in pain relief. The MTUS guidelines state the this treatment modality is indicated for certain condition such as neuropathic pain related to diabetes or post-herpetic neuralgia, multiple sclerosis, or phantom limb pain. The ACOEM guidelines state that there is no high grade evidence to support the effectiveness of transcutaneous electrical neurostimulation for the treatment of neck or upper back complaints. There are no diagnosis listed in the records which is supported for TENS use in the guidelines. As such, the request is not medically necessary.

Interferential Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: The patient is a 46-year-old female who sustained an injury in August of 2014. She has subsequently been diagnosed with multiple conditions including bilateral carpal tunnel syndrome, cervical spine sprain/strain, lumbar spine sprain/strain, and right shoulder sprain/strain rule out internal derangement. The requested treatment is the use of transcutaneous electrical stimulation to aid in pain relief. The MTUS guidelines state the this treatment modality is indicated for certain condition such as neuropathic pain related to diabetes or post-herpetic neuralgia, multiple sclerosis, or phantom limb pain. The ACOEM guidelines state that there is no high-grade evidence to support the effectiveness of transcutaneous electrical neurostimulation for the treatment of neck or upper back complaints. There are no diagnosis listed in the records which is supported for TENS use in the guidelines. As such, the request is not medically necessary.