

Case Number:	CM15-0126833		
Date Assigned:	07/13/2015	Date of Injury:	07/25/2013
Decision Date:	09/01/2015	UR Denial Date:	05/26/2015
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: Physical Medicine & Rehabilitation

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 (IW) is a 42-year-old male who sustained an industrial injury on 07-25-2013. Diagnoses include cervical, thoracic and lumbar sprain, strain; right and left shoulder pain; right and left elbow sprain, strain; right and left wrist sprain, strain; and right and left carpal tunnel syndrome. Treatment to date has included medications, chiropractic treatment and acupuncture. According to the progress notes dated 4-10-2015, the IW reported pain in multiple areas of the body, mostly activity-dependent, rated from 3 out of 10 to 8 out of 10. On examination, there was tenderness in all areas of the spine and in the bilateral shoulders, elbows and wrists. Range of motion (ROM) of the cervical spine was decreased on right and left lateral bending; the lumbar spine ROM was reduced in flexion and extension. Muscle spasms were present in the paravertebral muscles all along the spine and trigger points were noted in the lumbar paraspinals. ROM was decreased and painful in the shoulders. Phalen's sign was positive in the bilateral wrists. A request was made for retrospective review for TENS unit and supplies provided on 05- 08-2015. Notes from the 5-8-2015 date of service were not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies, provided on May 8, 2015: 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, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunct to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, and previous TENS trial yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for some time, there is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The TENS unit and supplies, provided on May 8, 2015 is not medically necessary and appropriate.