

Case Number:	CM15-0127297		
Date Assigned:	07/13/2015	Date of Injury:	11/18/2014
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/01/2015

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 is a 30-year-old male, who sustained an industrial injury on 11/18/14. The injured worker was diagnosed as having cervical radiculopathy on the right side per electrodiagnostic studies performed on 3/18/15. Treatment to date was not discussed in the submitted medical records. Currently, the injured worker complains of right greater than left upper extremity pain. The treating physician requested authorization for the purchase of transcutaneous electrical nerve stimulation unit patches x2 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit patch times 2 pairs purchase:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: This patient presents with neck and upper back pain. The current request is for transcutaneous electrical nerve stimulation (TENS) unit patch times 2 pairs purchase. The RFA is dated 06/01/15. Treatments to date were not provided. The patient's work status was not addressed. Per MTUS Guidelines page 116, TENS units have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-month, home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. The medical file provided for review included one report from 03/18/15. According to this report, the patient continues to complain of upper extremities pain with 4/5 strength bilaterally. A nerve conduction test was performed which showed on the "right side 1+ positive sharp waves." Additionally, "a neuropathic recruitment pattern was seen in these muscles along with a modest amount of polyphasia." The medical records indicate that this patient is utilizing a TENS unit for "pain control." The treater has recommended x2 pair patches. In this case, the patient has been utilizing a TENS unit with no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with prior use of the TENS unit. MTUS allows for extended use when there is documentation of functional improvement. This patient does not meet the criteria for extended use; therefore, the requested supplies are not medically necessary.