

Case Number:	CM15-0173630		
Date Assigned:	09/15/2015	Date of Injury:	01/09/1966
Decision Date:	12/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/03/2015

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: 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 is a 59 year old female, who sustained an industrial injury on 1-9-66. The injured worker is diagnosed with chronic pain disorder, chronic neck, low back and shoulder pain. A note dated 8-26-15 reveals the injured worker presented with complaints of constant neck, shoulders, upper arms and low back pain that is rated at 4-7 out of 10. She reports decreased stamina-tolerance for prolonged static posture, repetitive activity and activities of daily living. Physical examinations dated 6-24-15 and 8-26-15 revealed crepitus noted in the patella and shoulder. There is tenderness in the acromioclavicular joint, supra-infraspinatus paraspinals, lateral low buttocks, greater trochanter. The straight leg raise produces back pain. There is a soft, tender palpable nodule on the left side of C6-C8 that radiates pain to the left shoulder blade. There is diminished sensation to pinprick in the lateral epicondyle. Treatment to date has included home exercise program, medication and TENS unit. Diagnostic studies include toxicology screen and cervical spine MRI. A request for authorization dated 8-26-15 for TENS unit at home for 2 times with 30 minutes as an outpatient is non-certified, per Utilization Review letter dated 9-3-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS use at home for 2 times with 30 minutes each as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) 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 these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. A progress report submitted for review notes that request is to continue the Tens unit at home. However, the medical records do not establish decrease in medication usage or increase in objective functional improvement to support the utilization of the Tens unit. The request for TENS use at home for 2 times with 30 minutes each as an outpatient is not medically necessary and appropriate.