

Case Number:	CM15-0174158		
Date Assigned:	09/16/2015	Date of Injury:	07/19/2006
Decision Date:	10/16/2015	UR Denial Date:	08/24/2015
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: 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 is a 55 year old male, who sustained an industrial injury on July 19, 2006. The injured worker was diagnosed as having left shoulder pain; complex regional pain syndrome of the left upper extremity, chronic pain syndrome, and status post left middle and ring finger amputation with severe neuropathic pain and phantom pain. Medical records (May 20, 2015 to August 12, 2015) indicate ongoing neck pain radiating down the bilateral upper extremities, right elbow pain with muscle weakness, numbness, and itching (phantom sensation) with missing fingers; and low back pain radiating down the bilateral lower extremities. His pain was rated 5 out of 10 on average with medications and 8 out of 10 on average without medications since the last visit. Records also indicate ongoing limitations of his activities of daily living, rated 8 out of 10. The physical exam (May 20, 2015 to August 12, 2015) reveals tenderness to palpation of the left anterior shoulder, left elbow, and left hand with mild swelling of the left hand. There is decreased range of motion of the left shoulder due to pain, and decreased sensation to touch of the affected C6-7 (cervical 6-7) dermatome and decreased strength of the extensor muscles along the C4-6 (cervical 4-6) dermatome of the left upper extremity. The left brachioradialis deep tendon reflex is 1+. Jamar grip strength of the left hand was 10, 10, and 10. Jamar grip strength of the left hand was 30, 30, and 30. There is hypersensitivity, allodynia, discoloration, and temperature changes in the right upper extremity. Treatment has included a left stellate ganglion block on February 3, 2015 with 50-80% overall improvement, psychiatric care, an H-wave stimulator, and medications including oral and topical pain, sleep, antidepressant, anti-epilepsy, and non-steroidal anti-inflammatory. Per the treating physician (August 12, 2015 report), the

injured worker is permanently disabled and is not currently working. On August 17, 2015, the requested treatments included replacement pads for a TENS unit. On August 24, 2015, the original utilization review non-certified/partially approved a request for TENS unit replacement pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit replacement pads #4: 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: 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. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement in pain and function. Therefore criteria have not been met and the request is not medically necessary.