

Case Number:	CM15-0177723		
Date Assigned:	09/18/2015	Date of Injury:	05/06/2012
Decision Date:	10/22/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/09/2015

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 46 year old female, who sustained an industrial injury on May 06, 2012. The injured worker was diagnosed as having cervical radiculitis, shoulder impingement, myofascial pain, and carpal tunnel syndrome. Treatment and diagnostic studies to date has included use of a transcutaneous electrical nerve stimulation unit, medication regimen, acupuncture, magnetic resonance imaging of the cervical spine, electromyogram of the bilateral upper extremities, and use of Theracane. In a progress note dated August 05, 2015 the treating physician reports complaints of pain to the neck, shoulder, left wrist, and the left hand. Examination on August 05, 2015 was revealing for decreased range of motion to the neck and shoulder and a positive Phalen's testing. On August 05, 2015 the injured worker's pain level was rated a 5 and noted that the use of the transcutaneous electrical nerve stimulation unit to be "helpful", but the progress note did not indicate the injured worker's pain level after the use of the transcutaneous electrical nerve stimulation unit to indicate the effects with the transcutaneous electrical nerve stimulation unit. The injured worker was noted to use the transcutaneous electrical nerve stimulation unit four times a day for 20 to 50 minutes noting that the unit relaxes the injured worker, but the effects only last for an unspecified short amount of time. On August 05, 2015 the treating physician noted that the injured worker had a 10% increase in activities of daily living with use of the medication regimen. On August 05, 2015 the treating physician noted magnetic resonance imaging of the cervical spine performed on an unknown date that was revealing for mild disc desiccation and disc protrusion at cervical three to four, cervical four to five, cervical five to six, and cervical six to seven along with an electromyogram of the bilateral

upper extremities of an unknown date that was revealing for left sided cervical six radiculopathy with possible cervical five and seven involvement. On August 05, 2015 the treating physician requested transcutaneous electrical nerve stimulation patches times two pairs with the treating physician noting continuing use of transcutaneous electrical nerve stimulation unit. On August 10, 2015 the Utilization Review determined the request for retroactive transcutaneous electrical nerve stimulation patches with a quantity of two pairs to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro TENS Patches #2 pairs: 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.