

Case Number:	CM15-0178590		
Date Assigned:	09/18/2015	Date of Injury:	11/10/1999
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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: Pennsylvania, Ohio, 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 58 year old male, who sustained an industrial injury on November 10, 1999. Medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, cervical radiculopathy, De Quervain's, right carpal tunnel syndrome, residual effects of left carpal tunnel release surgery, left shoulder impingement, left second toe arthrosis, chronic headaches, insomnia, anxiety and depression. The current work status was not identified. Current documentation dated August 5, 2015 notes that the injured worker reported ongoing neck, mid-back, low back and upper extremity pain. Examination of the cervical spine revealed tenderness in the paraspinous musculature of the cervical region and anterior neck. Mild spasm was noted on range of motion. Range of motion was decreased. Lumbar spine examination revealed tenderness, spasm and tightness of the paralumbar musculature. Range of motion was decreased and painful. Sensation was diminished in the lumbar five-sacral one dermatome bilaterally. A sciatic stretch sign was positive. Documentation dated 7-13-2015 notes that the injured workers pain levels remained high due to tapering off of opiate analgesics. The injured worker noted continuing pain and swelling of the right thumb with associated paresthesia and weakness related to cervical radiculopathy. Treatment and evaluation to date has included medications, urine drug screen, electrodiagnostic studies (5-21-2015), physical therapy (24), psychotherapy, cervical injections and a home exercise program. Surgeries include a right knee arthroscopy (2003), removal of lumbar spine hardware (2003), left carpal tunnel release surgery (2005), right shoulder arthroscopy (2008), right knee arthroscopy (2013), right thumb surgery (2013) and cervical spine surgery. Current medications include Roxicodone, Hydrocodone, Meloxicam,

Cambia, Lyrica, Soma, Lipitor, Metformin, Januvia, Deplin, Xanax, Viibryd, Ambien, Fortesta, Ondansetron, Viagra and an Albuterol inhaler. Current requested treatment includes a request for one transcutaneous electrical nerve stimulation unit. The Utilization Review documentation dated August 19, 2015 non-certified the request for one transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TENS unit: 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: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not document a neuropathic TENS diagnosis for which TENS would be indicated, nor do the records document functional benefit from a prior TENS trial. For these reasons this request is not supported by the treatment guidelines; the request is not medically necessary.