

Case Number:	CM15-0063377		
Date Assigned:	04/09/2015	Date of Injury:	11/13/2003
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

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: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 43 year old man sustained an industrial injury on 11/13/2013. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 1/26/2015, right shoulder x-ray dated 5/29/2014, lumbar spine x-ray dated 2/14/2014, right shoulder x-ray dated 2/14/2014, electromyogram of the bilateral upper extremities dated 3/3/2014, lumbar spine MRI dated 2/14/2014, right shoulder MRI dated 1/26/2009, electrodiagnostic studies of the right lower extremity dated 8/18/2009, and cervical spine MRI dated 2/9/2005. Diagnoses include right shoulder pain, lumbar facetal pain, right sacroiliitis, cervical radiculopathy, bilateral knee pain, and insomnia due to pain. Treatment has included oral medications, surgical intervention, facet joint injections, sacroiliac joint injection, and lumbar spine epidural steroid injection. Physician notes on a PR-2 dated 2/19/2015 show complaints of neck and right shoulder pain rated 5/10. Recommendations include Norco, Omeprazole, physical therapy, TENS unit trial for one month, psychiatry consultation, right elbow pil-o splint, and follow up in five weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial for one month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy section Page(s): 114-116.

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The medical records indicate that the treatment plan includes three months of opioid pain medication treatment, eight sessions of physical therapy, psychiatry consultation for psychotropic medication management, and a right elbow Pil-O splint. By providing these additional treatments, it does not appear that the injured worker has tried and failed treatments for pain. The use of TENS at this point is not consistent with the recommendations of the MTUS Guidelines. The request for TENS unit trial for one month is determined to NOT be medically necessary.