

Case Number:	CM15-0063593		
Date Assigned:	04/09/2015	Date of Injury:	06/03/2013
Decision Date:	05/08/2015	UR Denial Date:	04/01/2015
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: Emergency 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:

The injured worker is a 57 year old female, who sustained an industrial injury on 06/03/2013. She has reported injury to the bilateral hands/wrists, neck, and lower back. The diagnoses have included bilateral carpal tunnel syndrome; cervical disc degeneration; and lumbar or lumbosacral neuritis or radiculitis. Treatment to date has included medications, diagnostics, injections, TENS (transcutaneous electrical nerve stimulation) unit, and physical therapy. Medications have included Norco, Gabapentin, Flexeril, and Celebrex. A progress note from the treating physician, dated 03/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck, thoracic, and right upper extremity pain, weakness, and numbness; low back pain with radiating right leg pain; and good relief of pain with medications and using TENS unit. Objective findings included antalgic gait; and the musculoskeletal and neurological examinations are within baseline for their level of function. The treatment plan has included the request for TENS supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116 Page(s): 14-116.

Decision rationale: The requested TENS supplies, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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". The injured worker has neck, thoracic, and right upper extremity pain, weakness, and numbness; low back pain with radiating right leg pain; and good relief of pain with medications and using TENS unit. Objective findings included antalgic gait; and the musculoskeletal and neurological examinations are within baseline for their level of function. The treating physician has not documented a current rehabilitation program, or objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist or home use. The criteria noted above not having been met, TENS supplies is not medically necessary.