

Case Number:	CM15-0064131		
Date Assigned:	04/10/2015	Date of Injury:	12/21/2010
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
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: Florida

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 50 year old female, who sustained an industrial injury on 12/21/2010. The mechanism of injury was not provided for review. The injured worker was diagnosed as having bilateral upper extremities over use syndrome and bilateral carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 3/17/2015, the injured worker complains of carpal tunnel syndrome flare of pain with numbness and tingling of hands and fingers. The treating physician is requesting TENS (transcutaneous electrical nerve stimulation) pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS pads (4 pads): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit, 114-117 Page(s): TENS unit, 114-117.

Decision rationale: California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration. 2. There is 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; rental would be preferred over purchase during this trial 3. Other ongoing pain treatment should also be documented during the trial period including medication usage 4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted 5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. This patient's case does not satisfy MTUS criteria. It is noted that she already has a TENS unit for home use. It is not noted if a one month trial of a TENS unit was first completed. Objective functional improvement with her TENS unit use is also not noted. Likewise, this request for TENS unit pads is not considered medically necessary.