

Case Number:	CM15-0068138		
Date Assigned:	04/15/2015	Date of Injury:	04/24/2009
Decision Date:	05/29/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: California
 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 43 year old female who sustained an industrial injury on 04/24/2009. Diagnoses include cervical discopathy with radiculitis, evidence of left shoulder impingement, rule out glenohumeral pathology, bilateral cubital tunnel syndrome, status post right carpal tunnel syndrome/De Quevain's release, left carpal tunnel syndrome, status post left L5-S1 laminectomy and discectomy with retained hardware, status post posterior lumbar interbody fusion, and status post removal of lumbar spinal hardware. Treatment to date has included diagnostic studies, surgery, medications, cervical epidural blocks, and injections. A physician progress note dated 01/22/2015 documents the injured worker has had significant increasing pain of the low back since December. The pain is dull and is rated as 6 out of 10 on the pain scale. She has cervical spine pain that is sharp and there is radiation of pain to the bilateral upper extremities. She has headaches that are migrainous in nature and well as tension between the shoulder blades. Her pain is rated as 7 out of 10. She has pain in the elbows that he rates as 8 out of 10, and pain in her wrists that she rates as 6 out of 10. The range of motion of the lumbar spine reveals pain with terminal motion. Spurling's maneuver is positive and cervical spine range of motion has pain with terminal motion. Left shoulder range of motion is painful, and Hawkins and impingement signs are positive. Elbow range of motion is normal but painful. On examination her wrists show a positive palmar compression test with subsequent Phalen's maneuver. Tinel's sign is also positive over the carpal canal. There is pain with terminal flexion. Treatment requested is for 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:

TENS unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

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

Decision rationale: This patient receives treatment for chronic pain involving neck, shoulder, wrist, and lower back. This review addresses a request to purchase a TENS unit. The documentation states that the TENS unit was intended to treat "chronic pain" and "muscle spasms." The exact anatomic sites of the chronic pain and the muscle spasms were not identified. TENS may be medically indicated to treat some cases of chronic pain, as long as it is not the primary method of treatment and there is evidence of a one month trial of the TENS unit which shows benefit. TENS is not recommended for all types of chronic pain. TENS has been found to be useful for some cases of CRPS II, neuropathic pain, multiple sclerosis, spasticity from injuries of the spinal cord, and phantom limb pain. The documentation must show evidence that the trial of the TENS unit resulted in functional improvement. This means a clinically significant improvement in the activities of daily living, a decrease in work restrictions, and a decrease in dependency on continued medical management, including requests for analgesia. This clinical data should be objective, quantifiable, and stated in the history and physical exam portion of the medical documentation. Based on the documentation, TENS is not medically necessary.