

Case Number:	CM15-0076633		
Date Assigned:	04/28/2015	Date of Injury:	07/10/2013
Decision Date:	05/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/22/2015

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:

This 45 year old female sustained an industrial injury to the right arm on 7/10/13. Previous treatment included magnetic resonance imaging, physical therapy, ice and medications. In a PR-2 dated 3/11/15, the injured worker complained of right elbow pain, rated 10/10 on the visual analog scale, right shoulder pain 6/10 with radiation to the right elbow and right hand numbness and tingling. The injured worker reported that ice application provided minimum relief. The injured worker preferred noncertified-pharmacologic treatment as she was very sensitive to medication side effects. Current diagnoses included elbow pain, lateral epicondylitis, shoulder pain, ulnar neuropathy and muscle spasms. The treatment plan included a transcutaneous electrical nerve stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of TENS as a treatment modality. TENS is 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, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured.

Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration, 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. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case it is unclear whether the patient has received an adequate trial of first-line therapies for the cause of her underlying pain syndrome. The request for a TENS unit did not include a one-month trial with a treatment plan to monitor the impact of TENS on relevant outcomes such as the effect on pain and functional improvement. For these reasons, a TENS unit is not medically necessary.