

Case Number:	CM15-0076771		
Date Assigned:	04/28/2015	Date of Injury:	02/22/2010
Decision Date:	05/28/2015	UR Denial Date:	04/14/2015
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: Texas, 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 is a 53 year old male patient, who sustained an industrial injury on 2/22/2010. He reported a lifting type injury to the neck, left shoulder, low back and left leg. Diagnoses include cervical spondylosis with radiculopathy, rotator cuff tear, left shoulder, status post arthroscopic repair in 2012 and in 2014, and degenerative disc disease with facet arthropathy and foraminal stenosis. Per the doctor's note dated 4/1/2015, he complained of ongoing pain in the neck with radiation of symptoms to right upper extremity. The physical examination revealed decreased range of motion secondary to pain, positive axial head compression test, and tenderness to cervical spine on palpation. The medications list includes norco, flexeril, motrin and topical compound creams. He has had cervical MRI on 1/2/2015; lumbar MRI on 8/5/13 and EMG/NCS dated 8/9/13, which revealed mild right carpal tunnel syndrome. He has undergone left shoulder surgeries. He has had physical therapy visits for this injury. The medical records indicated cervical fusion was suggested by the spine surgeon. The plan of care included continuation of medication therapy and a TENS 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 TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: TENS unit. According the cited guidelines, 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. 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)." Per the MTUS chronic pain guidelines, there is no high-grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. Cited guidelines do not recommend TENS for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. The medical necessity of TENS unit is not established for this patient. The request is not medically necessary.