

Case Number:	CM15-0092721		
Date Assigned:	05/19/2015	Date of Injury:	03/05/2014
Decision Date:	06/24/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/13/2015

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 50-year-old female patient who sustained an industrial injury on 03/05/2014. There is no description of the accident provided within the submitted documentation. Documentation provided includes only a single progress note with very limited clinical information. It mostly has review of prior imaging and does not contain any medications or prior treatment attempted. A follow up visit dated 08/15/2014 reported diagnostic testing to include magnetic resonance imaging of right shoulder taken on 07/14/2014 revealing tendinosis and peritendinitis of the supraspinatus tendon with partial thickness undersurface tear of the supraspinatus tendon; without fracture of dislocation. The patient also underwent a MRI of lumbar spine that showed a midline disc bulge at L5-S1; along with mild facet arthropathy of the lower lumbar spine. The issue at hand is the denied request for two months service trial of a neurostimulator unit TENS with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of Neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. There is no proper documentation of prior conservative treatment modalities. There are no documented medications. There is no documented short and long-term goal for the TENS. Pt does not meet any criteria to recommend TENS. TENS is not medically necessary.

Extended rental of a prime dual Nerve Stimulator TENS/EMS unit for six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. There is no proper documentation of prior conservative treatment modalities. There are no documented medications. There is no documented short and long-term goal for the TENS. Pt does not meet any criteria to recommend TENS. Trial of TENS is not recommended therefore long-term use of TENS be no recommended either. TENS is not medically necessary.