

Case Number:	CM15-0092785		
Date Assigned:	05/19/2015	Date of Injury:	07/01/1999
Decision Date:	06/19/2015	UR Denial Date:	05/05/2015
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 64-year-old female, who sustained an industrial injury on 7/1/99. The injured worker was diagnosed as having cervical degenerative disc disease, rotator cuff tear, post-operative chronic pain, headache, myofascial pain, shoulder injury, lumbar degenerative disc disease and gastritis. Treatment to date has included oral medications including NSAIDS, LidoPro ointment, TENS unit, physical therapy and home exercise program. Currently, the injured worker complains of continued chronic neck and bilateral shoulder pain. She is retired and not working. She notes TENS unit is beneficial and LidoPro ointment is very helpful in managing her pain and keeping oral pain medication intake minimal. Physical exam noted tenderness to palpation of cervical spine, arthritic nodule and reduced cervical and right shoulder range of motion. The treatment plan included refilling of Gabapentin, Naproxen, Omeprazole, LidoPro ointment and TENS patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patch x 2 pairs: Overturned

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, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The requested TENS patch x 2 pairs is medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has continued chronic neck and bilateral shoulder pain. She is retired and not working. She notes TENS unit is beneficial and LidoPro ointment is very helpful in managing her pain and keeping oral pain medication intake minimal. Physical exam noted tenderness to palpation of cervical spine, arthritic nodule and reduced cervical and right shoulder range of motion. The medical necessity for continued TENS use has been established. The criteria noted above having been met, TENS patch x 2 pairs is medically necessary.