

Case Number:	CM15-0092886		
Date Assigned:	05/19/2015	Date of Injury:	01/27/2000
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/14/2015

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: Internal 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 49-year-old female, who sustained an industrial injury on 01/27/2000. She has reported subsequent back, bilateral shoulder, wrist and head pain and was diagnosed with reflex sympathetic dystrophy of the upper limb, other disorders of rotator cuff syndrome of the shoulder, displacement of cervical intervertebral disc and unspecified disorders of bursae and tendons of shoulder region. Treatment to date has included oral and injectable pain medication and physical therapy. In a progress note dated 04/08/2015, the injured worker complained of back, head, bilateral shoulder and wrist pain. Objective findings were notable for an asymmetric and abnormal gait and inability to do heel or toe walk. A request for authorization of TENS unit was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-117.

Decision rationale: Based on MTUS guidelines, a TENS unit 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 adjunct to a program of evidence-based functional restoration, for the conditions described below. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II as well as CRPS I. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Criteria for use of TENS include: documentation of pain of at least 3 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, other ongoing pain treatment should also be documented during the trial period including medication usage, and a treatment plan including the specific short- and long-term goals of treatment with the TENS should be submitted. TENS is recommended as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. In this specific case, the patient does have documentation of pain of at least 3 months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed, and it appears that a one-month trial period of the TENS was documented (as an adjunct to ongoing treatment modalities within a functional restoration approach). There is also documentation of 50% improvement in muscle spasms with the use of a TENS unit which improved her level of functioning. However, there is no documentation of how often the unit was used. Also, a treatment plan including specific short- and long-term goals of treatment with the TENS unit was not submitted. Therefore, based on the evidence in this case and the review of the MTUS guidelines, the request for a TENS unit is not medically necessary.