

Case Number:	CM15-0093686		
Date Assigned:	05/20/2015	Date of Injury:	07/29/2003
Decision Date:	06/22/2015	UR Denial Date:	05/08/2015
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: Preventive Medicine, Occupational 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 52-year-old male, who sustained an industrial injury on July 29, 2003. The injured worker was diagnosed as having cervical disc disorder. Treatment to date has included medication and Transcutaneous Electrical Nerve Stimulation (TENS) unit. A progress note dated April 6, 2015 the injured worker complains of neck and shoulder pain that is increased with range of motion (ROM). Physical exam notes paracervical and shoulder tenderness with decreased range of motion (ROM). The plan includes continued use of Transcutaneous Electrical Nerve Stimulation (TENS) unit, injection, medication and follow-up. In the records reviewed there is no documentation of ongoing pain relief from the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections transcutaneous electrical nerve stimulation anti-epilepsy drugs Page(s): 122, 114-116, 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 115-117.

Decision rationale: Due to the scientific uncertainty that TENS units are beneficial, the MTUS Guidelines have very specific criteria to support the long-term use of a TENS unit. A 30-day trial is recommended to justify longer-term use and it is reasonable to conclude that longer-term use should be supported by occasional documentation of use patterns and the level of pain relief as this is a standard for any long-term treatment for chronic pain. There is no documentation that the TENS continues to be effective and the need for repeat injections implies little effectiveness. Updated and additional documentation could alter this recommendation. Now, the continued use of a TENS unit is not supported by Guidelines and is not medically necessary.