

Case Number:	CM15-0093855		
Date Assigned:	05/20/2015	Date of Injury:	11/20/2013
Decision Date:	06/24/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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:

The injured worker is a 48 year old female who sustained an industrial injury on 11/20/13. The mechanism of injury was unclear. Currently she complains of cervical spine pain with pain level of 7/10. On physical exam there was diffuse tenderness in the paracervical and parascapular areas bilaterally with limited range of motion of the neck. Medications are Voltaren gel, omeprazole. Diagnoses include cervical degenerative disc disease; carpal tunnel syndrome bilaterally, per electromyography/ nerve conduction study; headaches; diabetes. In the progress note dated 4/13/15 the treating provider's plan of care included a request for a trial of a transcutaneous electrical nerve stimulator unit to assist with pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 45 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain (transcutaneous electrical nerve stimulation) Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) 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 these conditions: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity and Multiple sclerosis. The MTUS guidelines support an initial 30 day trial. The request for a trial of Tens unit is supported and Utilization Review has allowed for 30 day rental. The request for 45 day rental exceeds the amount recommended for a trial by the MTUS guidelines. The request for TENS unit 45 day trial is therefore not medically necessary and appropriate.