

Case Number:	CM14-0146593		
Date Assigned:	09/12/2014	Date of Injury:	12/18/2000
Decision Date:	10/06/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38 year old female with a date of injury on 12/28/2000. She was struck on the back of her head and the right side of her body by a door that was kicked in. On 09/19/2008 a cervical MRI revealed no spinal stenosis or foraminal stenosis. On 12/01/2011 a MRI of her right shoulder revealed a mild rotator cuff tendon sprain. On 05/31/2012 a cervical MRI revealed mild degenerative changes with no spinal stenosis or foraminal stenosis. On 02/02/2013 a left shoulder MRI revealed a distal supraspinatus tear and a partial tear in the remainder of the tendon. The long head of the biceps tendon also had a tear. She had bilateral shoulder surgery and right carpal tunnel release surgery. On 04/08/2014 she had neck pain radiating to both upper extremities and headache. The patient was attempting to wean from opiates. She had trigger point injections. On 04/14/2014 her drug screen was completely negative. On 06/03/2014 she had headache and neck pain radiating down both upper extremities. She had cervical muscle spasm with myofascial trigger points noted. Trigger point injections were performed. On 01/17/2014 she had left carpal tunnel release surgery. On 07/17/2014 she had neck pain, headaches, bilateral shoulder pain and pain radiating to both forearms. She had anxiety and insomnia. She was prescribed Norco and Zanaflex. A TENS unit was requested. It was not stated if the requested TENS unit was for purchase or to be rented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dual Prime stimulator TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

Decision rationale: MTUS, Chronic pain, TENS notes, "While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence, including diabetic neuropathy and post-herpetic neuralgia. Phantom limb pain and CRPS II: Some evidence to support use. Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm."The patient has no cervical spinal stenosis or foraminal stenosis. There is no documentation of complex regional pain syndrome, MS, phantom limb pain, or neuropathy. She does not have any condition for which a one month trial may be indicated. Also it was not indicated if the TENS was to be purchased or rented and if rented for how long. There is limited to no documentation that TENS is effective treatment for this patient's condition.