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| Case Number: | CM14-0154566 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 10/11/2010 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

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 Family Medicine and is licensed to practice in North Carolina. 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 32-year-old with a reported date of injury of 10/11/2010. The patient has the diagnoses of right shoulder sprain/strain, repetitive strain injury, myofascial pain syndrome, right rotator cuff injury, right lateral epicondylitis and right forearm pain. Past treatment modalities have included right shoulder cortisone injection. Per the most recent progress notes provided for review by the primary treating physician dated 08/29/2014, the patient had complaints of pain in the right shoulder that radiates into the neck with numbness and tingling of the right upper extremity. The physical exam noted milled cervical spine tenderness, positive Spurling's test on the right and pain with range of motion in the right shoulder. The treatment plan recommendations included continuation of home exercise program and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) transcutaneous Electrical nerve Stimulation Unit Pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical nerve stimulation.

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) 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 the conditions described below. 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. (Carroll-Cochrane, 2001) 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. Per the 08/15/2014 progress note from the primary treating physical, the patient has been using the TENS unit with benefit. There is no documentation that the patient is using the TENS unit in conjunction with a program of evidence-based functional restoration. Besides the mention that the patient is using the device with benefit, there are no other objective outcome measures that the device has helped with pain or restoration of function. The progress notes actually mention that the pain is controlled through medication, not specifically improved with the TENS unit. Since the use of the TENS unit has not been established as justified per the California MTUS criteria, the need for transcutaneous electrical stimulation pads is not established. Therefore the request is not medically necessary.