MAXIMUS Federal Services

Case Number:	CM13-0001824		
Date Assigned:	05/02/2014	Date of Injury:	02/15/2011
Decision Date:	07/16/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/17/2013

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 46 year old female who was injured on 02/15/2011 while assisting a patient in Labor and Delivery who was thrashing and kicking and trying to get out of the bed. She did not experience any specific symptoms at the time, but within a week, she experienced gradually increasing sensory changes in her right upper extremity with pain in the right deltoid region. Prior treatment history has included physical therapy from 03/29/2013 to 05/08/2013, medications, warm compresses, and stretching exercises. Orthopedic re-evaluation note dated 05/30/2013 indicates the patient has completed her course of physical therapy, which helped. She continues to have neck pain and she reports she is currently working. She is performing a home program with success. On examination of the neck, there is no spasm palpated over the paracervical musculature. There is no local tenderness. Her range of motion is decreased. Power of selective neuromuscular groups of the upper extremities are all 5/5 and normal. Sensory evaluation is normal. Deep tendon reflexes are 2+ bilaterally. The treating provider has requested Transcutaneous Electrical Nerve Stimulation Unit (TENS) purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT (TENS) PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain and Neck chapters, TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

Decision rationale: As per California MTUS, 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 an adjunct to a program of evidence-based functional restoration." The ODG states that there are very few studies that support a TENS trial or use for neck pain with radiculopathy. As per ODG, Neck: Not recommended as a primary treatment modality for use in whiplash-associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings. The documentation indicates that patient appears to be improving with an active HEP. There is no indication that a TENS unit would prove beneficial given her clinical findings. There is no evidence of radiculopathy on exam. Based on the ODG/CA MTUS guidelines medical necessity for the requested item has not been established. The requested item is not medically necessary.