

Case Number:	CM13-0006916		
Date Assigned:	03/07/2014	Date of Injury:	09/10/2008
Decision Date:	04/11/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 65 year-old female with a date of injury of 09/10/2008. The listed diagnoses per [REDACTED] are: 1) Cervical discopathy and foraminal stenosis C5-6, c6-7 2) Left sided foraminal stenosis C3-4 3) Minimal anterolisthesis C3-5 4) Multilevel spondylosis L4-S1 5) Facet arthrosis L4 -S1 6) Bilateral shoulder impingement syndrome 7) Bilateral knee tricompartmental arthritis 8) Sleep disturbance 9) Gastrointestinal complaints 10) Acute aggravation of lumbar spine According to report dated 09/25/2013 by [REDACTED], the patient presents with ongoing neck and back pain. She is currently in physical therapy for her left shoulder. Examination of the lumbar spine demonstrates focal tenderness as it relates to the lumbar spine at L4-S1 as well as the superior iliac crest. Range of motion is decreased on all planes. Treater is requesting purchase of a TENS unit and supplies for continued pain control as she is attempting a non-surgical treatment algorithm for her lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TENS UNIT WITH SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Nerve Stimulation Page(s): 116.

Decision rationale: This patient presents with ongoing neck and back pain. The treating Doctor is requesting purchase of a TENS unit and supplies. Per MTUS Guidelines page 116, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." Report dated 09/04/14 states the TENS unit has been "beneficial". Report dated 09/25/2013 states she is "doing well" with her TENS. Based on medical records reviewed dated from 02/01/2013 to 09/25/2013 the patient has been utilizing a TENS unit with no documentation in terms of pain relief or functional improvement. "Beneficial and "doing well" are inadequate documentation of patient's function or pain reduction. Functional change refers to significant change in ADL's (activities of daily living), and/or Final Determination Letter for IMR Case Number CM13-0006916 4 change in work status and decreased reliance on other medical treatments such as reduction of medication use. Therefore, purchase of TENS unit with supplies is not medically necessary and appropriate.