

Case Number:	CM13-0018900		
Date Assigned:	10/11/2013	Date of Injury:	01/23/2010
Decision Date:	01/24/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 physician 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 53-year-old female who sustained an industrial injury on 1/23/10. The patient underwent shoulder surgery in 2008. The diagnoses are bilateral carpal tunnel syndrome and right-sided cervical radiculopathy. An MRI evaluation of the cervical spine, dated July 19, 2013, reports the following impression: 1. Degenerative changes at C4-5, C5-6 and C6-7 with canal stenosis as described above, stable from 10/02/08. 2. Exam negative for disc extrusion. 3. No cord compression or cervical cord lesions. Note submitted 6/17/13 by [REDACTED] indicates that she has not had any trials of physical therapy for her back or neck. She had not had any trials of chiropractic for her neck or back. A progress report from [REDACTED], dated 8/14/13, the patient has been using this TENS unit primarily at night for sleep, which has been helping and has provided her significant improvement in her sleep pattern. Since she began chiropractic manipulation, she can now work 8 hours per day. TENS primarily aids with increased sleep and provides relief when she is unable to get chiropractic.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The TENS unit supplies are not medically necessary per Chronic Pain Medical Treatment Guidelines (MTUS). From the documentation submitted, she does not meet the guideline criteria for a TENS unit and therefore TENS unit supplies are not medically necessary. According to the CA MTUS guidelines, a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration and only for specific conditions including neuropathic pain and CRPS II (note that there is limited published evidence for use of TENS in these conditions), diabetic neuropathy, phantom limb pain, postherpetic neuralgia, spasticity in spinal cord injury, and multiple sclerosis. The patient already has a TENS unit and is primarily using this for a diagnosis of cervicalgia and bilateral carpal tunnel syndrome and to help with sleep. A TENS unit trial may be considered only as an adjunct to a program of ongoing functional restoration. The patient was originally prescribed a TENS unit since February 2013 yet documentation submitted from 6/17/13 indicates she has not had any trials of physical therapy for her back or neck. The request for TENS supplies is not medically necessary and appropriate.