

Case Number:	CM13-0044354		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2009
Decision Date:	04/23/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/29/2013

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 Emergency 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 52-year-old female who was injured on March 2, 2009, when she slipped and fell. The patient continued to experience pain in her neck and right shoulder. Physical examination was notable for tenderness to the spinous processes at C4-5 and C5-6 and absent right upper reflexes. Diagnoses included cervical spine radiculopathy and cervical degenerative disc disease. Treatment included medications, H-wave therapy, home exercise, median branch block at C5-C6, and trial with TENS unit. The patient's pain was relieved for one and one-half weeks after the medial branch block. The patient was able to sleep better at night with use of the TENS unit, but it increased the pain from her neck going into her spine. Requests for authorization for purchase of a 4 lead TENS device for the cervical spine and right shoulder were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A FOUR LEAD TENS DEVICE FOR THE CERVICAL SPINE AND RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. 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; rental would be preferred over purchase during this trial. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this case there is no documentation that the patient is participating in a functional restoration program. The patient's trial with the TENS unit did not decrease her pain. In addition, there is no documentation explaining why a 4 lead TENS unit has been requested instead of a 2 lead TENS unit. The request should not be authorized.