

Case Number:	CM13-0047410		
Date Assigned:	12/27/2013	Date of Injury:	04/06/2011
Decision Date:	04/29/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/01/2013

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 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:

This is a 75-year-old gentleman with a date of injury 4/06/11. Mechanism of injury is repetitive computer use. The patient has had prior conservative care for diagnoses of cervical spondylosis/radiculopathy, lumbar strain and right wrist strain. Treatment has included PT, ESI, modified activity and medications. Reports indicate that there was some subjective benefit with TENS, and purchase of a device was recommended on 1/09/13. As of 4/16/13, the patient was declared Permanent and Stationary by an orthopedic specialist. He was returned to work with permanent work restrictions. Future medical care provision includes PT, physician follow-up, imaging studies, ESI and even possible future cervical surgery. There is no mention of TENS in the P & S report, of its benefit, or if it was authorized for purchase/permanent use. A request for additional supplies was submitted to UR on 10/18/13, and further supplies were not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement supplies for TENS unit: 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: Guidelines only support use of TENS as an adjunct to treatment for intractable pain due to neuropathic pain, CRPS, phantom limb pain, spasticity, multiple sclerosis, and temporary use in the post-op period. Prior to consideration of a purchase, guidelines recommend a trial and define a trial as 30 days. For ongoing treatment/purchase there should be clear demonstration of efficacy and increased function. Submitted reports simply indicate that there was some subjective benefit, without characterization of that benefit in objective or functional terms. There is no discussion of reduced medication intake. It is not clear if this TENS device with authorized for permanent use by the patient. From a pure medical necessity standpoint, supplies for the device are not medically necessary if the device is not medically necessary. Without documentation that reflects a clinically significant benefit in objective and functional terms, there is no medical necessity established for ongoing use of the device. Medical necessity for replacement supplies is not established.