

Case Number:	CM13-0048927		
Date Assigned:	12/27/2013	Date of Injury:	01/05/2012
Decision Date:	05/27/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/07/2013

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 Orthopedic Surgery 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 claimant sustained a continuous injury from 11/1/10-1/3/12. The claimant had previously undergone cervical fusion, but had persistent neck and low back pain. The claimant has undergone a thorough workup including EMG/NCV and MRI of the cervical spine. The MRI of the cervical spine is documented as demonstrating 4 mm annular tear at C6-7 resulting in severe left neuroforaminal narrowing. Additionally, there were mild degenerative changes at C3-4 and C5-6 with mild central canal narrowing. The utilization review in question occurred on October 17, 2013. Subsequent documentation dated January 17, 2014 indicates a change in the request to a one-month rental and trial of TENS unit rather than purchase. The documents provided do not indicate that a previous one-month trial of the TENS unit was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR TENS UNIT PURCHASE FOR THE CERVICAL SPINE: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: The MTUS supports the purchase of a TENS units in very specific situations, and indicates that a one-month trial of the TENS unit must be documented prior to purchase. Based on the record submitted, a one-month trial of the TENS unit was not performed as part of the request being submitted for purchase of said unit. However, it appears that a subsequent request for a one month rental was provided. Though the one-month trial may be medically indicated, the purchase is not medically necessary in accordance with the MTUS guidelines.