

Case Number:	CM13-0058482		
Date Assigned:	12/30/2013	Date of Injury:	07/11/2007
Decision Date:	05/02/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/27/2013

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:

This patient is a 58-year-old male with date of injury 07/11/2007. Per treating physician's report 11/07/2013, the patient presents with neck pain, shoulder girdle spasms, worsening headaches. Listed impressions are history of anterior/posterior cervical discectomy, fusion from C3 through C6 with severe underlying cervical spondylosis, history of spastic quadriplegia in lower extremities currently stable, postoperative MRI of the C-spine revealed spinal cord compression, history of erectile dysfunction, history of diabetes and hypertension nonindustrial, history of gait deformity due to spastic quadriplegia from neck injury. Recommendation was for 30-day trial of TENS unit as well as medications, ice pack, moist heat pack to help with muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

(TENS) TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT 30 DAY TRIAL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Tens, Chronic Pain Page(s): 114-116. Decision based on Non-

MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,
TRANSCUTANEOUS ELECTROTHERAPY, TENS, CHRONIC PAIN, 114, 114-116

Decision rationale: This patient presents with chronic neck pain with history of cervical fusion at C3 through C6 for myelopathy. The patient has history of spastic quadriplegia and continues to have radicular symptoms of upper and lower extremities, myelopathy signs with ongoing hyperreflexia. There is a request for TENS unit 30-day rental. MTUS Guidelines support 30-day rental of TENS unit for this kind of condition, namely neuropathic pain or myelopathy. Utilization review letter 11/21/2013 denied the request stating that there were no subjective/objective evidence to support the medical necessity for the diagnosis of cervical spine DJD. Based on my reading of the MTUS Guidelines, TENS unit 30-day trial is recommended by types of pain including neuropathic pain and spasticity. This patient has a diagnosis of spastic quadriplegia with evidence of spinal cord damage and myelopathy. Given the above the request is medically necessary.