

Case Number:	CM13-0062259		
Date Assigned:	12/30/2013	Date of Injury:	07/11/2012
Decision Date:	12/12/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/06/2013

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:

The patient is a 53 year old with an injury date on 7/11/12. Patient complains of stable cervical pain, radiating down left arm with associated numbness/weakness per 10/25/13 report. Patient is "partially functional" with current medication regimen, and states she is continuing with a home exercise program. Based on the 10/25/13 progress report provided by [REDACTED] the diagnoses are: 1. Residuals of cervical spondylosis with left C5-6 radiculopathy. 2. Rule out left thoracic outlet syndrome. 3. Rule out double crush syndrome. Exam on 10/25/13 showed "C-spine range of motion limited, with flexion limited to 30 degrees." Patient's treatment history includes home exercise program (stretching), medications (Duexis, Lidoderm), chiropractic care. [REDACTED] is requesting TENS unit, rental for 30 days. The utilization review determination being challenged is dated 11/12/13 and denies request due to a lack of an evidence-based functional restoration program. [REDACTED] is the requesting provider, and he provided treatment reports from 10/2/12 to 10/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit - rental for 30 days: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, TENS, chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: This patient presents with neck pain, and left arm pain. The treater has asked for TENS UNIT, rental for 30 days on 10/25/13. Review of the reports do not show any evidence of a TENS unit trial being done in the past. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, patient does present with neuropathic pain of the cervical region. The requested one-month trial of a TENS unit appears reasonable for patient's ongoing neuropathic symptoms. The request is medically necessary.