

Case Number:	CM13-0064557		
Date Assigned:	01/03/2014	Date of Injury:	03/21/2000
Decision Date:	09/08/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/12/2013

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 72-year-old female with date of injury of 03/21/2000. The listed diagnoses are cervical spine musculoligamentous sprain/strain with bilateral upper extremity radiculitis, with multilevel disk bulge and spondylosis with history of increased symptoms; and thoracic spine musculoligamentous sprain/strain with history of increased symptoms. According to this report, the patient complains of neck, upper back, and left shoulder pain. She has self-treated with prescription medication and Tylenol Extra Strength. The physical examination shows active range of motion in the cervical spine is diminished. There is tenderness to palpation with slight muscle spasm present over the paraspinal musculature and trapezius muscles bilaterally. Axial compression tests elicit localized pain. Inspection of the thoracic spine reveals well-maintained thoracic kyphotic curvature. There is tenderness to palpation present over the trapezius muscles bilaterally. Sensation to pinprick and light touch in the left upper extremity is decreased in a patchy distribution. Motor testing of the major muscle groups of the bilateral upper extremities reveals no weakness. The treater references radiographs of the cervical spine dated 09/27/2013 that demonstrated slight to moderate spondylosis from C4 to C7. The utilization review denied the request on 11/26/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS AND SUPPLIES FOR PURCHASE.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS-Transcutaneous electrotherapy Page(s): 115-117.

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

Decision rationale: This patient presents with neck, upper back, and left shoulder pain. The treater is requesting a TENS and supplies for purchase. The MTUS Guidelines page 114 to 166 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidenced-based functional restoration. The report dated 11/11/2013 notes that the patient's previous TENS unit is 4 years old. It appears that the treater is requesting a replacement unit including supplies. The patient used the TENS unit to reduce muscle spasms, manage pain, and increase range of motion. In this same report, the treater notes that the patient is avoiding medication and is utilizing other treatment modalities such as acupuncture with benefit. In this case, the patient reports significant benefit while utilizing the TENS unit. Therefore, the request for TENS and supplies for purchase is medically necessary and appropriate.