

Case Number:	CM13-0066870		
Date Assigned:	01/03/2014	Date of Injury:	08/20/2010
Decision Date:	06/09/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/17/2013

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 Occupational Medicine 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 58-year-old female who has filed a claim for degenerative disk disease associated with an industrial injury date of January 6, 2011. Treatment to date has included cervical fusion from, physical therapy, medications, cognitive behavioral therapy, and TENS unit. Utilization review from December 6, 2013 denied the request for 6 month supply of lead wires for TENS unit due to no documentation of outcome from the use of the TENS unit. Medical records from 2013 were reviewed showing the patient complaining of neck and low back pain. The pain is rated at 7-8/10. The TENS unit is noted to help with the pain. The patient is currently using Vicodin, Lyrica, and Cymbalta. On examination, the patient's cervical spine was noted to have decreased range of motion. Motor strength for the upper extremity was normal. There was decreased sensation to light touch and pinprick in the entire left hand. The patient has near full range of motion for the upper extremities with some limitation in raising her arms above her head with flexion and abduction. There was tenderness over the cervical spine and upper trapezius paraspinal musculature. The patient ambulates with a cane in the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MOS OF SUPPLIES LEAD WIRES PER PAIR QTY: 1.00 FOR TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115.

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

Decision rationale: As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but as an adjunct and continued use is reported with evidence of functional gains. In this case, the patient has been using a TENS unit. However, the functional gains derived from the use of the TENS unit such as improved ability to perform activities of daily living or decreased pain perception were not documented in the progress reports. Therefore, the request for 6-month supply of lead wires for TENS unit is not medically necessary as guideline criteria have not been met.