

Case Number:	CM13-0072448		
Date Assigned:	01/03/2014	Date of Injury:	10/17/2012
Decision Date:	06/05/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/31/2013

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 and is licensed to practice in Texas. 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 injured worker is a 47-year-old male with a reported injury date on 10/17/2012. The mechanism of injury was not provided. An electrodiagnostic study dated 11/26/2013 showed that the injured worker had right ulnar sensory mononeuropathy and left C5, C6 and C7 cervical radiculopathy. The clinical note dated 12/19/2013, noted that the injured worker had complaints of neck pain that radiates into the left hand, with numbness at the first (1st) and second (2nd) digit and difficulty with maintaining a strong grip. It was also noted that the injured worker had complaints of right upper extremity pain that radiates to the right wrist. The request for authorization of a permanent TENS unit for purchase was submitted on 10/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A PERMANENT TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR THE USE OF TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION), Page(s): 114-116.

Decision rationale: It was noted that the injured worker had complaints of neck pain that radiated into the left hand, with numbness at the first (1st) and second (2nd) digit and difficulty with maintaining a strong grip. It was also noted that the injured worker had complaints of right upper extremity pain that radiated to the right wrist. An electrodiagnostic study revealed that the injured worker had right ulnar sensory mononeuropathy and left C5, C6 and C7 cervical radiculopathy. The Chronic Pain Guidelines do not recommended transcutaneous electrical nerve stimulation (TENS) as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration if particular criteria are met. These include documentation of pain of at least three (3) months, evidence that other pain modalities have been tried and failed, and a treatment plan including specific short and long term goals of treatment must be submitted. The medical necessity for the need of TENS unit has not been established. There is inadequate evidence that the injured worker had failed other conservative care treatments and there was no treatment plan provided within the documentation. Additionally, there is a lack of documentation provided that showed the injured worker had an adjacent functional restoration program in place to correlate with the use of this device. Furthermore, the request exceeded the guideline recommendations for use. As such, this request is non-certified.