MAXIMUS Federal Services

Case Number:	CM14-0001307		
Date Assigned:	01/22/2014	Date of Injury:	09/20/2013
Decision Date:	06/06/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/03/2014

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 injured worker is a male with date of injury September 20, 2013. Per primary treating physician's narrative reevaluation report, the injured worker complains of constant mid back pain rated at 8-9/10, which radiates up to the neck. He also has neck pain with headache with is rated at 8-9/10. Pain is aggravated with activities involving neck, mid back and somewhat improves with rest. He describes his pain as sharp, aching, throbbing, burning and cramping pain. Pain is associated with muscle spasm. His mid back pain is aggravated with coughing and sneezing. His neck and mid back pain is aggravated with prolonged sitting and standing. He has headache which starts from neck, radiates to front. Headaches are bilateral. He cannot sit, stand or drive in one position, frequently changing positions to get comfortable. His pain is limiting work, home, social, recreational, outdoor, and sexual activites. Pain is affecting his sleep. Pain is causing emotional, financial, marital and work disturbances. On examination of the neck there is midline tenderness extending from C7-T1. Mid bilateral paravertebral muscle tenderness is noted. Cervicall spine movements still remain painful. The midback shows midline tenderness exending from T6-T10. Bilateral paravertebral muscle tenderness is noted. Bilateral thoracic facet tenderness is noted T7-T8, T8-T9. Thoracic and lumbar spine movements remain painful. Jamar Dynamoter grip strength (in pounds) on right is 55/55/50, on left is 65/65/60. Diagnoses include 1) possible thoracic discogenic pain, possible thoracic sprain/strain, possible bilateral thoracic fact pain T8-T9, T9-T10 2) possible cervical sprain/strain, possible referred pain from thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO MONTH RENTAL OF TENS UNIT, INCLUDING FOUR PACKS ELECTRODES, AND FOUR BATTERIES FOR CERVICAL/THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Online Version, Acoempracguides.Org, Cervical And Thoracic Spine Setion, Table 2 - Summary Of Recommendations, Cervical And Thoracic Spine Disorders, as well as the Low Back Disorders Section, Table 2 - Summary of Recommendation.

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

Decision rationale: The requesting physician reports that a TENS unit trial for two months is indicated for pain reduction and functional restoration. Other treatments include oral and topical pain medications, and chiropractic treatment or physical therapy. The claims administrator recommended that this request not be certified because the injured worker has alreay completed 12 sessions of physical therapy and there is no report that a TENS unit was utilized in physical therapy, or if it had been used there was no report of the efficacy of this treatment. The use of TENS for chronic pain is not recommended by the guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. The injured worker does not meet the medical conditions that are listed by the guidelines where a TENS unit may be beneficial. The injured worker is currently prescribed multiple medications (oral and topical) for the management of his pain, and there is no indication that he has failed these treatments as they are ongoing. There are criteria for the use of TENS specified by the guidelines, of which there is not adequate documentation to support for this injured worker. The criteria also specify that there is to be a treatment plan including specific short and long term goals of treatment with the TENS unit. The use of a TENS unit in the management of the injured worker's pain has not been established as medically necessary, and the request for a trial exceeds the one-month recommendation by the guidelines. The request for two month rental of tens unit, including four packs electrodes, and four batteries for cervical/thoracic spine is not emdically necessary or appropriate.