MAXIMUS Federal Services

Case Number:	CM14-0008845		
Date Assigned:	02/12/2014	Date of Injury:	01/01/2007
Decision Date:	06/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/22/2014

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 Physicial Medicine & 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 58-year-old female with date of injury of January 1, 2007. The listed diagnoses dated December 13, 2013 includes multilevel cervical degenerative disk disease with spondylolisthesis and facet arthrosis at C3-C4 and C4-C5, status post C5-C7 anterior cervical discectomy and fusion with possible delayed union, congenital fusion at C2-C and severe disk degeneration at C7-T1. According to the report, the patient complains of chronic neck pain. She continues to experience occasional spasms. There is some radiating pain into the shoulders and down to the wrist. She also rates her pain 5/10 with use of medications and 10/10 without medications. The physical exam of the cervical spine shows there is bilateral cervical paraspinous tenderness with positive twitch response with radiation. The pain is aggravated with extension and rotation of the cervical spine. Motor exam is grossly intact in both upper extremities. She appears to have 5/5 muscle strength in all major muscle groups. Sensory exam is intact with the exemption of some light decrease in sensation in the right thumb and index finger in the right hand. Reflex testing are active and symmetrical bilaterally in the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

RECOMMENDED PROSPECTIVE REQUEST FOR 1 TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) FOR PERMANENT HOME USE:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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 chronic neck pain. The treater is requesting a prospective request for a TENS unit for permanent home use. The California MTUS Guidelines on TENS unit states "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 evidence-based functional restoration." The progress report dated October 16, 2013 notes that the patient currently has a TENS unit that is inoperable which she received approximately 5 to 6 years ago. She has continued to utilize this unit when she experience an increase in pain particularly muscle spasms. The treater states, "The patient continues to use this modality as an adjunct to her current therapies and has found this helpful to decrease pain, decrease spasms, improve function, and hopefully, be able to reduce the use of her pain medications." In this case, the patient has already trialed TENS in the past and has been using a unit at home, but it's currently inoperable. Given that the patient reports significant relief from utilizing a TENS unit the request is medically necessary.