MAXIMUS Federal Services

Case Number:	CM14-0009199		
Date Assigned:	04/11/2014	Date of Injury:	03/29/2012
Decision Date:	07/11/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/21/2014

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:

This is a 61-year-old male with a 3/29/12 date of injury. He injured his neck and lower back after a motor vehicle accident. On 9/7/13, the patient had moderate-to-severe neck pain and numbness which shoots down his left arm into his 4th and 5th finger. His pain is a 4/10. Objective: Spurling's maneuver creates positive radicular symptoms on the left side, with hypoesthesia along the left lateral forearm and dorsum of the left lateral hand. On 12/17/13, it was noted that the pain has 6/10 pain and this pain is better with the TENS unit which he has used at PT. His functionality has stayed the same. Diagnostic Impression: Enthesopathy of knee, Lumbago, Lumbosacral Radiculitis. Treatment to date: lumbar ESI, medication management, cervical pillow, nerve block, activity modification, physical therapy. A UR decision dated 12/31/13 modified the request for a TENS unit to certify a 30-day trial. There was no documentation of use and improvement to support a purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT QTY:1: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, while the patient is noted to have improvement with the TENS unit during physical therapy, there is no documentation of a TENS unit 30-day home trial to establish functional improvement and gains in activities of daily living. Guidelines support an initial 30-day trial of a TENS unit to establish efficacy prior to purchase. Therefore, the request for a TENS Unit Qty: 1 is not medically necessary.