

Case Number:	CM14-0014221		
Date Assigned:	02/26/2014	Date of Injury:	09/02/1998
Decision Date:	08/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/04/2014

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 53-year-old female with a 9/2/98 date of injury while transferring a client working as a home health aide, injuring her neck, back, and shoulders. She was seen on 9/26/13 with complaints of neck, shoulder, and back pain. Exam findings revealed diffuse tenderness with limited range of motion to the neck and back. Her diagnosis is degenerative disc disease with bilateral upper extremity symptoms in a C5/6 distribution, chronic pain syndrome, substantial narcotic use reduction with use of a TENS unit. Treatment to date: surgery to the neck, back, and shoulders, medications, physical therapy, shoulder injection, TENS unit (2007). A UR (utilization review) decision dated 1/20/14 denied the request given there was no indication of a concurrent rehabilitation program or documentation of benefit from home use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW FOR ONGOING SUPPLIES FOR EXISTING TENS UNIT FOR DATE OF 6/25/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. This patient is status post multiple surgeries including a lumbar fusion. A report from 2007 states the patient was able to significantly reduce her opiate use with a TENS unit, however there is inadequate documentation of any recent reduction in pain medication or rationale with regard to a TENS unit. Therefore, the request for ongoing supplies for existing tens unit for date of 6/25/13 was not medically necessary.