MAXIMUS Federal Services

Case Number:	CM14-0014741		
Date Assigned:	06/11/2014	Date of Injury:	09/01/2006
Decision Date:	07/14/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopedic Surgery, 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 records presented for review indicate this 56-year-old gentleman was reportedly injured on September 1, 2006. The mechanism of injury is stated to be due to repetitive reaching onto a high shelf. The most recent progress note, dated April 29, 2014, indicated there were ongoing complaints of neck pain as well as left shoulder pain. There was decreased sensation over the left C5 and C6 dermatomes muscle strength in the upper extremities was 5/5. There was a diagnosis of cervical disc degeneration, post laminectomy syndrome of the cervical region, cervical disc displacement, cervical radiculitis, and headache. Medication prescribed on this date included Prilosec, Ultram, Skelaxin, Neurontin, Imitrex, and Percocet. The physical examination demonstrated tenderness over the cervical and trapezius region. Previous treatment includes an anterior discectomy and fusion at C5/C6. A request was made for a trial of a neurostimulator transcutaneous electrical nerve stimulation unit on January 17, 2014, and was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH TRIAL OF NEUROSTIMULATOR TRANSCUTANEOUS ELECTRIC NERVE STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation), Chronic Pain.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines in one month trial of a transcutaneous electrical nerve stimulation unit is only recommended for those individuals who have failed to improve with other modalities to include medications. Additionally a treatment plan including the specific short- and long-term goals of treatment with the Transcutaneous Electrical Nerve Stimulation (TENS) unit should be submitted. None of these issues have been addressed in the attached medical record. Without this information supplied the use of a transcutaneous electrical nerve stimulation unit is not justified.The request for one month trial of neurostimulator transcutaneous electric nerve stimulation unit is not medically necessary or appropriate.

TWO MONTHS SUPPLIES:- ELECTRODES, BATTERIES AND LEAD WIRES.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.