MAXIMUS Federal Services

Case Number:	CM14-0120889		
Date Assigned:	08/08/2014	Date of Injury:	02/27/2003
Decision Date:	09/11/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 59 year old female who reported an injury on 2/27/03 to her neck. The mechanism of injury is undisclosed. The urine drug screen on 03/11/14 indicated the injured worker showing consistent findings with the prescribed drug regimen. Findings were positive for hydrocodone, Hydromorphone, and Norco which have all been. The injured worker was prescribed hydrocodone. The injured worker showed positive findings for codeine and Butalbital. A clinical note dated 02/27/13 indicated the injured worker complaining of neck pain. The injured worker underwent epidural steroid injection at C7 to T1 on 01/09/14 with no significant benefit. Past history involved medial branch blocks and rhizotomy in lumbar spine. The injured worker utilized Morphine Sulfate (MS) Contin, Lyrica, and Norco for pain relief. Physical examination noted tenderness to palpation at the cervical, thoracic, and lumbar paraspinal musculature was identified, range of motion was decreased in all planes, sensation was decreased in C5 to C8 distributions, and strength was 5-/5 throughout the upper extremities. A clinical note dated 04/09/14 indicated the injured worker continuing with strength deficits and decreased sensation throughout the upper extremities. Utilization review for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit resulted in a denial as previous use of TENS unit resulted in no significant benefit. No objective or functional improvements were identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) unit is indicated for injured workers who have undergone a trial of TENS unit resulting in objective functional improvement along with reduction in pain and in use of pain medications. No information was submitted regarding positive response to previous use of TENS unit. No objective data was submitted confirming positive response. Given this, TENS unit purchase is not medically necessary.