

Case Number:	CM14-0123242		
Date Assigned:	08/08/2014	Date of Injury:	05/30/2012
Decision Date:	10/01/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation 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 progress report dated 03/26/2014 documented the patient to have complaints of ongoing pain in neck radiating to shoulders with limited range of motion. The patient states his pain is more constant and he is unable to sleep at night. He rated his pain as 7/10 on a good day and 9/10 at its worse. On exam, there is bilateral paracervical tenderness. Spurling's test is positive to the right. Range of motion of the cervical spine revealed forward flexion to 25; lateral flexion to 25 bilaterally; hyperextension to 45; and rotation to 35 bilaterally. The patient is diagnosed with occipital neuralgia; superior glenoid labrum tear; cervical radiculopathy; neck sprain/strain; cervical facet arthropathy, and failed cervical neck surgery syndrome. He was recommended for a TENS unit with supplies. Prior utilization review dated 07/30/2014 by [REDACTED] states the request for [REDACTED] Tens Unit Supplies is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

[REDACTED] TENS UNIT SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117. Decision based on Non-MTUS Citation Pain, TENS

Decision rationale: According to the reference for MTUS, neuromuscular electrical stimulation devices are not recommended for chronic pain, but a one-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 for neuropathic pain, like diabetic neuropathy and post-herpetic neuralgia, complex regional pain syndrome (CRPS), phantom limb pain, spasticity, and multiple sclerosis. Since the medical records do not have any of these diagnoses, the medical necessity is not established for this request.