

Case Number:	CM14-0129323		
Date Assigned:	08/18/2014	Date of Injury:	11/18/1997
Decision Date:	10/16/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 64-year-old male with a 11/18/97 date of injury. A specific mechanism of injury was not described. According to a progress note dated 7/22/14, the patient reported improvement with physical therapy. Medications are proving effective in improving the patient's pain levels, function, and range of motion and overall sense of comfort. He rated her neck pain currently at 6/10. She had difficulty continuing her home exercise program as she reported that her apartment was not compatible with home exercise program. In a 3/3/14 note, the patient stated that alleviating factors for pain included heat and the use of a TENS unit. Objective findings: tenderness to palpation over the C4-5 facet joint and left upper trapezius with taut bands, limited cervical spine range of motion in all planes due to pain. Diagnostic impression: cervical strain, cervical degenerative arthritis, cervical degenerative disc disease, myofascial pain, status post C5-6 fusion. Treatment to date: medication management, activity modification, physical therapy, surgery, TENS unit. A UR decision dated 8/4/14 denied the request for purchase of TENS unit. There is a lack of evidence of the intended use of the TENS unit as an adjunct to evidence-based conservative therapies and the lack of evidence of a 1-month trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home tens unit with supplies - purchase: Upheld

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

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 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. The patient is noted to have previously used a TENS unit with benefit. However, the specific subjective and functional improvements directly related to the use of TENS unit are not clearly outlined. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of decreased medication use as a result of using the TENS unit. Therefore, the request for Home tens unit with supplies - purchase was not medically necessary.