

Case Number:	CM14-0133395		
Date Assigned:	08/22/2014	Date of Injury:	07/25/2005
Decision Date:	10/20/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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 Georgia. 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 patient is a 48 year old female who was injured on 07/25/2005 while lifting tents over her head onto a tall shelf. Prior treatment history has included physical therapy. Treatment medications have included Cymbalta, Divalproex, Sumavel DosePro, ranitidine, citalopram, hydromorphone, and gabapentin. Procedure history includes ACDF from C5-C6 in 2007. 06/04/2014 office visit note stated the patient reported migraine headaches occurring 9-10 times per month. Headaches were reported as usually fairly intense, 7-9/10. She reported visual symptoms of a shower of lights as well as associated nausea at times. Vomiting reportedly accompanied more intense headaches. 50% of her headaches reportedly were reportedly accompanied by right facial numbness and tingling as well as slight motor dysfunction which caused her to slur her words. Recommendations were made for referral for Botox injections for migraine management, as well as an order for a TENS unit for personal use at home. Encounter note dated 07/29/2014 stated the patient presented for a follow-up and reported continued chronic migraine headaches. She reported tapering off her Depakote successfully. She noted decreased neuropathic pain since starting Lyrica. She continued to use Dilaudid 2 mg as well as Sumatriptan injections to manage her motor symptoms that were accompanied with her migraines. On exam, her right deltoid was 4+/5 and limited secondary to pain. She had decreased strength. She was diagnosed with migraines. A recommendation was made for a TENS unit as well as a consult for her migraines as it was felt her migraines stemmed from a musculoskeletal component in her neck. Prior utilization review dated 08/11/2014 states the request for TENS Unit Purchase for Cervical Spine was denied as it was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase for Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation, Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck, TENS (Transcutaneous electrical nerve stimulation)

Decision rationale: The Official Disability Guidelines note that transcutaneous electrical nerve stimulation (TENS), while not recommended as a primary treatment modality, may be considered as a noninvasive conservative treatment option for neck pain. A one-month trial period is recommended if used as an adjunct to a program of evidence-based functional restoration. Evidence for TENS suggests it may be more effective than placebo, but not other interventions. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines recommend TENS as a treatment option for neuropathic pain and complex regional pain syndrome (CRPS), as well as for spasticity. TENS may be appropriate for chronic intractable pain of greater than 3-months duration, where other treatment modalities have been documented as being tried and having failed. A one-month trial period is recommended, with rental preferred over purchase. Provided medical records do document trial of multiple other treatments, including medications and PT. Unfortunately, there is no documentation that the patient has completed a one-month trial. Based on the MTUS and ODG guidelines and criteria as well as the medical documents noted above, the request for a TENS unit is not medically necessary.