

Case Number:	CM14-0152590		
Date Assigned:	09/22/2014	Date of Injury:	03/29/2013
Decision Date:	10/23/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/18/2014

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 Emergency 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 47-year-old female who reported an injury on 03/29/2013, caused by an unspecified mechanism. The injured worker's treatment history included physical therapy, medications, MRI studies, and over the counter non anti-inflammatory medications. The injured worker was evaluated on 07/29/2014 and it was documented the injured worker complained of neck pain and back pain over the past 2 weeks. Objective findings of the cervical spine revealed there was tenderness to palpation and some muscle guarding. The rest of the progress report was illegible. Diagnoses included cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain with right sacroiliac joint sprain, bilateral shoulder periscapular strain, right elbow medial epicondylitis, bilateral wrist tendinitis, and neurological complaints. The Request for Authorization dated 07/29/2014 was for TENS home unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post herpetic neuralgia. The guidelines recommends as a treatment option for acute postoperative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long term functional goals for the injured worker. In addition, the guidelines recommend 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. The provider failed to indicate the injured worker outcome measurements of a trial of TENS unit use with physical therapy services with objective and functional benefit noted. As such, the request for TENS (Transcutaneous Electrical Nerve Stimulation) unit purchase is not medically necessary.

Electrodes 2 inch Rnd N/S with Rnd #12 packs, 3 month supply;: 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 Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post herpetic neuralgia. The guidelines recommends as a treatment option for acute postoperative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long term functional goals for the injured worker. In addition, the guidelines recommend 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. Given the above, the request for Electrodes 2 inch Rnd N/S with Rnd #12 packs, 3 month supply is not medically necessary.

Battery alkaline 9 volt #18, 3 month supply: 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 Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post herpetic neuralgia. The guidelines recommends as a treatment option for acute postoperative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long term functional goals for the injured worker. In addition, the guidelines recommend 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. The request for Battery alkaline 9 volt #18, 3 month supply is not medically necessary.

Adhesive remover towel mint #24, 3 month supply: 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 Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post herpetic neuralgia. The guidelines recommends as a treatment option for acute postoperative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long term functional goals for the injured worker. In addition, the guidelines recommend 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. The request for Shipping & handling #1, 3 months is not medically necessary.

Shipping & handling #1, 3 months: 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 Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post herpetic neuralgia. The guidelines recommends as a treatment option for acute postoperative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long term functional goals for the injured worker. In addition, the guidelines recommend 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. The request for Shipping & handling #1, 3 months is not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation) Leadwire #2, 3 months supply:
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 Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post herpetic neuralgia. The guidelines recommends as a treatment option for acute postoperative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long term functional goals for the injured worker. In addition, the guidelines recommend 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. The request for TENS (Transcutaneous Electrical Nerve Stimulation) Lead wire #2, 3 months' supply is not medically necessary.

Tech fee, 3 months: 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 Criteria for the use of TENS Page(s): 114-116.

Decision rationale: Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post herpetic neuralgia. The guidelines recommends as a treatment option for acute postoperative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long term functional goals for the injured worker. In addition, the guidelines recommend 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. The request for Tech fee, 3 months is not medically necessary.