

Case Number:	CM14-0155901		
Date Assigned:	09/25/2014	Date of Injury:	02/08/2006
Decision Date:	10/27/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/23/2014

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 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:

According to the records made available for review, this is a 62-year-old female with a 2/8/06 date of injury. At the time (8/13/14 and 7/9/14 5/14/14) of request for authorization for TENS Unit purchase and Neurology Consultation, there is documentation of subjective (moderate to severe sharp and dull pain to the left eye; moderate to severe sharp and constant headaches; moderate to severe right shoulder pain; and moderate to severe right wrist pain radiating to the thumb) and objective (decreased vision of the left eye; and decreased right shoulder range of motion) findings, current diagnoses (left traumatic hyphema, left lens subluxation, left retinal tear, wrist sprain, shoulder stain, and neuropathic pain), and treatment to date (medications and ongoing TENS unit therapy with 30% pain relief for hours). 9/20/14 medical report identifies a request for Neurology consultation to address the patient's long history of chronic headaches refractory to medication use. Regarding TENS Unit purchase, there is no documentation of how often the unit was used and outcomes in terms of function during the trial period.

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, chronic pain (trancutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of left traumatic hyphema, left lens subluxation, left retinal tear, wrist sprain, shoulder stain, and neuropathic pain. In addition, there is documentation of ongoing TENS unit therapy. Furthermore, given documentation of 30% pain relief for hours with use of TENS unit and ongoing medication therapy, there is documentation of outcomes in terms of pain relief and other ongoing pain treatment during the trial period (including medication use). However, there is no documentation of how often the unit was used and outcomes in terms of function during the trial period. Therefore, based on guidelines and a review of the evidence, the request for TENS Unit purchase is not medically necessary.

Neurology Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 7 page 127, Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and consultations, page 127

Decision rationale: MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of left traumatic hyphema, left lens subluxation, left retinal tear, wrist sprain, shoulder stain, and neuropathic pain. In addition, given documentation of a request for Neurology consultation to address the patient's long history of chronic headaches refractory to medication use, there is documentation that consultation is indicated to aid in the diagnosis, prognosis, and therapeutic management of the patient. Therefore, based on guidelines and a review of the evidence, the request for Neurology Consultation is medically necessary.

