

Case Number:	CM14-0158701		
Date Assigned:	10/02/2014	Date of Injury:	06/24/2014
Decision Date:	11/06/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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:

According to the records made available for review, this is a 74-year-old female with a 6/24/14 date of injury. At the time (8/19/14) of the request for authorization for purchase of X force stim unit, there is documentation of subjective (headache, cervical spine pain, thoracic spine pain, and lumbar spine pain) and objective (cervical spine tenderness to palpation, range of motion of the cervical spine is restricted, Spurling's test is positive bilaterally, thoracic spine tenderness to palpation, range of motion of the thoracic spine is restricted, lumbar spine tenderness to palpation, range of motion of the lumbar spine is restricted, sensory deficit is noted in the bilateral C5 and C6 dermatomes as well as in the bilateral L5 and S1 dermatomes, heel-toe testing is weak, weakness in the bilateral deltoids, biceps, wrist extensors, and intrinsic muscle groups at 4/5, weakness in the bilateral extensor hallucis longus, gastrocnemius and peroneus longus at 4/5) findings, current diagnoses (status post-concussion syndrome with severe headaches, cervical spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus, bilateral upper extremity radicular pain and paresthesia, lumbar spine musculoligamentous sprain/strain rule out herniated nucleus pulposus, bilateral lower extremity radicular pain and paresthesia, status post rib fracture, thoracic spine musculoligamentous sprain/strain, and dizziness), and treatment to date (neck brace, physical therapy, and medication). There is no 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of X force stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114-11.

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, as criteria necessary to support the medical necessity of a month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of status post-concussion syndrome with severe headaches, cervical spine musculoligamentous sprain/strain, rule out herniated nucleus pulposus, bilateral upper extremity radicular pain and paresthesia, lumbar spine musculoligamentous sprain/strain rule out herniated nucleus pulposus, bilateral lower extremity radicular pain and paresthesia, status post rib fracture, thoracic spine musculoligamentous sprain/strain, and dizziness. However, there is no 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. Therefore, based on guidelines and a review of the evidence, the request for purchase of X force stim unit is not medically necessary.