

Case Number:	CM14-0160565		
Date Assigned:	10/06/2014	Date of Injury:	06/23/1993
Decision Date:	12/22/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/30/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 71-year-old male with a date of injury of 06/23/1993. According to progress report 07/16/2014, the patient complains of neck pain and headaches. The patient is utilizing a TENS unit, which has been successful in managing muscle tensions and pain. The treater states that the patient's TENS unit has stopped functioning about a year ago, and given prior efficacy, request is for a replacement unit and dual pad. Examination revealed "decreased range of motion in all planes. Bilateral trapezius and infrascapular pain to light palpation." The listed diagnoses are: 1. Migraine variant, intractable. 2. Spasm of muscle. 3. Cervical syndrome. Utilization review denied the request on 09/16/2014. Treatment reports from 12/13/2013 through 07/16/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of TENS Unit and Dual Pad: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: This patient presents with continued neck pain and headaches. The current request is for replacement of TENS unit and dual pad. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and it is not recommended as a primary treatment modality, but a 1-month home base trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. The treater states that the TENS unit has proven to decrease pain and headaches, but there is no discussion regarding frequency of use, magnitude of pain reduction, and any functional changes with utilizing the TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. More importantly, the patient does not meet the indications for a TENS unit. Recommendation is for denial.