

Case Number:	CM14-0162129		
Date Assigned:	10/07/2014	Date of Injury:	06/17/2013
Decision Date:	11/07/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	10/02/2014

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 Orthopedic Surgery, has a subspecialty in Spine Fellowship 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 52-year-old male with a 12/17/01 date of injury. At the time (8/29/14) of the request for authorization for rental of TENS unit (in months) QTY: 2, Electrical Stimulator supplies, QTY:1, and replacement batteries QTY: 1, there is documentation of subjective (constant moderate pain in his right shoulder) and objective (weakness of the right biceps, right shoulder flexion is 90 degrees, right shoulder abduction is 90 degrees) findings, current diagnoses (postlaminectomy syndrome: cervical and injury of shoulder & upper arm), and treatment to date (medication and an exercise program). There is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of TENS unit (in months) QTY:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain Page(s): 116.

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. Within the medical information available for review, there is documentation of diagnoses of postlaminectomy syndrome: cervical and injury of shoulder & upper arm. In addition, there is documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. In addition, the requested rental of TENS unit (in months) QTY: 2 exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for rental of TENS unit (in months) QTY: 2 is not medically necessary.

Electrical Stimulator supplies, QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain Page(s): 116.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Replacement batteries QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post operative pain Page(s): 116.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.