

Case Number:	CM14-0169787		
Date Assigned:	10/20/2014	Date of Injury:	06/16/2014
Decision Date:	12/12/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine 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:

This is a 49-year-old male with a 6/16/14 date of injury, when he sustained injuries to the neck during a car accident. The patient was seen on 9/3/14 with complaints of left sided neck pain with right-sided headaches. Exam findings of the cervical spine revealed tenderness to palpation, pain with movement and negative Spurling's maneuver. The patient has been noted to be on Ibuprofen and Soma. The request for PT and purchase of a TENS unit was made. The diagnosis is cervicalgia, Treatment to date: work restrictions and medications. An adverse determination was received on 9/11/14 given that there was no indication that the patient had a TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit for neck pain, as an outpatient: 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 TENS UNIT Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS

trial may be considered as a noninvasive conservative option. In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is a lack of documentation indicating that the patient accomplished a one-month trial period with a TENS unit and if the patient received any functional gains from prior use. In addition, it is not clear if the patient started physical therapy. Therefore, the request for Purchase of TENS unit for neck pain, as an outpatient was not medically necessary.