MAXIMUS Federal Services

Case Number:	CM14-0176887		
Date Assigned:	10/30/2014	Date of Injury:	11/03/2012
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/24/2014

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 and Rehabilitation, 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 51 year old with an injury date on 11/3/12. He complains of sharp, burning, and intermittent cervical pain rated 8/10, radiating down to right shoulder per 9/24/14 report. The patient is doing home exercises, and states pain is worse with lifting, and better with rest per 9/24/14 report. He is currently taking medicine only for migraines per 9/24/14 report. Based on the 9/24/14 progress report provided by [redacted] the diagnoses are: 1. cervicalgia2. cervical radiculopathyOn exam on 9/24/14 showed "C-spine range of motion decreased by 50% in right lateral flexion/extension." Right shoulder range of motion not included, but "sensation decreased in right C5-6 distribution, with decreased reflexes in right elbow." Patient's treatment history includes acupuncture, TENS unit trial, pt, and medication. [redacted] is requesting TENS unit and supplies. The utilization review determination being challenged is dated 10/3/14. [redacted] is the requesting provider, and he provided treatment reports from 6/18/14 to 10/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain (Transcutaneious Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

Decision rationale: This patient presents with neck pain, and right shoulder pain. The physician has asked for TENS UNIT and supplies on 9/24/14 as "patient needs electrodes for TENS unit." The patient has been using TENS unit since 5/19/14 report. The 6/18/14 report states patient has tried "TENS unit, physical therapy, acupuncture, but still continues to have pain." Regarding TENS units, the MTUS guidelines allows a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis.In this case, it appears that patient has been using TENS unit for at least a month. The trial however does not include a documentation of improvement in function, specifics of the decrease in pain, or how the unit is being used. The patient does not seem to benefit from TENS unit either. Given the lack of efficacy, the request is considered not medically necessary.