

Case Number:	CM14-0181572		
Date Assigned:	11/06/2014	Date of Injury:	04/09/2002
Decision Date:	12/11/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/31/2014

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 Spine Surgeon 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 injured worker is a 57-year-old male who reported an injury on 04/09/2002. The mechanism of injury was as assault. His diagnoses were listed as low back pain, lumbosacral radiculitis, lumbosacral spondylosis, neck pain, and cervical postlaminectomy syndrome. His past treatments included medications, medial branch blocks, use of a TENS unit, and chiropractic therapy. Diagnostic studies included an MRI of the cervical spine dated 04/28/2014, which was noted to reveal degenerative changes, bilateral foraminal narrowing, and disc bulging. An MRI of the lumbar spine dated 05/29/2014 was noted to reveal moderate spondylosis. The surgical history was noted to reveal medial branch nerve blocks, radiofrequency neurotomy, cervical medial branch blocks, and epidural steroid injection. On 10/21/2014, the injured worker complained of continued shoulder pain, chronic neck pain radiating to his left hand, and back pain radiating from the middle of his back to the lateral side, more on the right side than the left side. His average level of pain was rated at a 5/10. Examination revealed tenderness to palpation of the cervical spine and the lumbar spine, normal reflexes, and normal sensation and motor strength. His medications were noted to include carisoprodol, hydrocodone/acetaminophen, piroxicam, and Zegerid. The treatment plan was not clearly stated. A request was received for associated surgical service; TENS unit 30 day trial quantity 1. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: TENs Unit 30 day trial QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: The request for associated surgical service: TENS unit 30 day trial QTY: 1 is not medically necessary. The California MTUS Guidelines recommend 1 month trial period of the TENS unit with evidence of documented pain for at least 3 months, evidence of failure of other appropriate pain modalities, and as an adjunct to ongoing treatment modalities with a functional restoration approach. Clinical notes indicate that the injured worker complained of chronic pain to the shoulder, neck, and low back. However, clinical notes indicated that the injured worker reported improved function and a decrease in pain with medications, and has continued to decreased medication use. There was also no documentation to indicate that the injured worker is currently participating in an evidence based functional restoration program, nor is there indication that the injured worker will be participating in such program while in use of the TENS unit. In addition, guidelines recommended treatment plan, including the specific short and long term goal of the treatment with the TENS unit. However, there was no documented evidence, including a treatment plan for specific short and long term goals of the treatment with the TENS unit. As the criteria for the request is not met according to guidelines, the request is not supported. Therefore, the request is not medically necessary.