

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0022740 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 11/14/2012 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 01/27/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 and is licensed to practice in Nevada. 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 56-year-old female was reportedly injured on November 14, 2012. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated December 18, 2013, indicated there were ongoing complaints of cervical spine pain as well as bilateral hand weakness and dropping objects. The physical examination demonstrated tenderness and spasms over the cervical spine and decreased cervical spine range of motion. The provider recommended chiropractic therapy, a psychiatric consult and the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A request was made for the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit and was not certified in the pre-authorization process on January 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEUROSTIMULATOR TENS-EMS UNIT AND SUPPLIES (RENTAL OR PURCHASE):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-115.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. The medical record does not contain any mention that a previous one month trial has been completed and what the efficacy of that trial was. Additionally, the medical record does state that the injured employee had previously participated in chiropractic care, which was found to be beneficial. Therefore, since initial treatment with chiropractics was beneficial, and there was no justification to pursue secondary treatment with a TENS unit or documentation of a prior one month TENS unit trial, this request is not medically necessary.