

Case Number:	CM14-0022920		
Date Assigned:	05/14/2014	Date of Injury:	04/30/2007
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
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, 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 48 year-old female who was injured on 4/30/07. She has been diagnosed with cervical myoligamentous with degenerative changes and neural foraminal narrowing; bilateral upper extremity radiculopathy; s/p right carpal tunnel release, 8/17/07; reactionary depression/anxiety; s/p C4/5, C5/6 and C6/7 ACDF on 10/19/10; right shoulder internal derangement and medication induced gastritis. On 2/14/14 UR modified a request for TENS purchase to allow a 30-day trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use Of Tens Page(s): 114-121.

Decision rationale: The MTUS criteria for TENS requires a one-month trial with documentation of how often the unit is used and outcomes in terms of pain relief and function; and that rental is preferred over purchase for this trial. The patient presents with neck, upper back and bilateral

upper extremity pain. I have been asked to review for a TENS unit purchase. UR has modified the request to allow a 30-day trial. The pain management reports provided for this IMR from 9/13/13 through 2/13/13 do not provide any discussion on TENS. There is only the 12/13/13 handwritten report that states "TENS unit" but does not discuss a rationale or provide details. The purchase of the TENS unit without the trial is not in accordance with MTUS guidelines. Therefore, the request for a purchase of a TENS unit is not medically necessary and appropriate.

ONE YEAR OF TENS SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Tens Page(s): 114-121.

Decision rationale: The MTUS criteria require a one-month trial of TENS, and UR has modified the request to allow a one-month trial of TENS. A year supply of accessories for the 1-month TENS trial is not necessary, as only a one month trial was approved by the Claims Administrator. The request as written for a year of supplies for a TENS unit that has been approved for one month, is not in accordance with the MTUS guidelines for TENS usage. Therefore, the request for a one year of TENS supplies is not medically necessary and appropriate.