MAXIMUS Federal Services

Case Number:	CM14-0023541		
Date Assigned:	06/13/2014	Date of Injury:	03/13/2007
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/25/2014

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 Orthopaedic Surgery, 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 56 year-old female who was reportedly injured on 3/13/2007. The mechanism of injury is noted as lifting heavy patients working as a nurse. The claimant underwent an anterior cervical discectomy and fusion (ACDF) at C4/5, C5/6 on 1/12/2010. The most recent progress note dated 1/31/2014, indicates there are ongoing complaints of neck pain. Physical examination demonstrated limited range of motion of the cervical spine; neurological exam was intact. MRI of the cervical spine dated 5/28/2013 showed mild degree of spinal stenosis at C3/4 without cord compression. No plain radiographs available. Previous treatment includes several sessions of physical therapy; however, those notes were not available for review. A request was made on 1/31/2014 for purchase of one Transcutaneous Electrical Nerve Stimulation (TENS) unit between 2/5/2014 and 3/22/2014 and was not certified in the utilization review on 2/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE TENS UNIT (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) BETWEEN 02/05/2014 AND 03/22/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines recommend against using a Transcutaneous Electrical Nerve Stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, it is unclear if the Transcutaneous Electrical Nerve Stimulation (TENS) unit is being used as a primary treatment modality, or if there was a previous one-month trial. Given the lack of documentation, the request to purchase of a TENS unit is considered not medically necessary.