

Case Number:	CM14-0024263		
Date Assigned:	06/11/2014	Date of Injury:	10/19/1994
Decision Date:	08/28/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/26/2014

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 73-year-old male who was reportedly injured on 10/19/1994. The mechanism of injury was not listed in these records. The most recent progress note dated 09/30/2013, indicates that there were ongoing complaints of neck and bilateral shoulder pains, left greater than right. The physical examination demonstrated cervical spine with well healed surgical scar, positive tenderness to palpation of the midline cervical area. Bilateral upper extremity had an unremarkable examination of muscle strength 5/5, deep tendon reflexes 2+ and sensation intact. No recent diagnostic studies were available for review. Previous treatment included prior surgery, physical therapy, medication and conservative treatment. A request was made for transcutaneous electrical nerve stimulation (TENS) unit supplies which include electrodes, batteries, lead wire, and remover wires. This was not certified in the pre-authorization process on 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit supplies; electrodes 10/month, batteries 24/month, remover 32/month, and lead wire 2/month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS); Transcutaneous electrotherapy, BlueCross and BlueShield.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The MTUS recommends 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, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one month trial. Therefore, request for the continued use of a TENS unit and its associated supplies are not medically necessary.