

Case Number:	CM14-0031851		
Date Assigned:	06/20/2014	Date of Injury:	06/19/1994
Decision Date:	07/21/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational Medicine 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 19, 1994. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; a cervical pillow; unspecified amounts of massage therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for a 30-day transcutaneous electrical nerve stimulation (TENS) unit trial, stating that the applicant was not intent on functional recovery. The applicant's attorney subsequently appealed. A January 23, 2014 progress note is notable for comments that the applicant reported persistent neck pain, reportedly ameliorated as a result of a cervical pillow. It was stated in some sections of the report that the applicant had 2/10 pain while other sections of the report stated that the applicant had 4-6/10 pain. The applicant was asked to pursue a TENS unit trial. It was stated that the applicant had a 30-year history of chronic neck pain. An earlier report of December 19, 2013 suggested that the applicant was using tramadol and Robaxin for pain relief. Diagnostic facet joint blocks were sought at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electrical Nerve Stimulation) Unit 30 days trial: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: The proposed 30-day TENS unit trial is medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of a TENS unit is recommended in the treatment of chronic intractable pain of greater than three months' duration in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, the applicant has apparently tried a variety of medications, including Robaxin and tramadol, for pain relief. The applicant has also failed other modalities, including physical therapy and massage therapy. Persistent neck pain complaints persist. A one-month trial of a TENS unit is therefore indicated. Accordingly, the request is medically necessary.