

Case Number:	CM14-0038188		
Date Assigned:	06/25/2014	Date of Injury:	01/03/2014
Decision Date:	08/21/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 49-year-old female who has submitted a claim for cervical discogenic disease at C6-C7 and C7-T1 associated with an industrial injury date of 01/03/2014. Medical records from 01/06/2014 to 06/05/2014 were reviewed and showed the patient complained of neck pain radiating down the shoulder to the fingers. Physical examination revealed spasm over bilateral trapezius muscles. Decreased cervical spine ROM was noted. Sensation to light touch was decreased over the C7 dermatomal distribution bilaterally. Axial compression and Spurling's test were negative. MRI of the cervical spine dated 05/21/2014 revealed chronic bulging disk at C4-C5, C5-6, C6-7, C7-T1 levels. Treatment to date has included physical therapy, acupuncture, and pain medications. Utilization review dated 03/13/2014 denied the request for purchase of TENS unit for long term home use with accompanying supplies for the low back because there was no documentation of a one-month TENS trial to establish benefit of long-term TENS use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Tens unit for long term home use with accompanying supplies for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -TWC: Low Back (lumbar and thoracic), Tens (updated 02/13/14); Elbow: Tens (updated 02/14/14).

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the patient has already completed 12 visits of physical therapy with documentation of effective results (04/10/2014). It is unclear as to whether the patient is actively participating in a functional restoration program, which is required to support TENS therapy. There was no documentation of a one-month TENS unit trial and functional outcome, which is required by the guidelines prior to long-term use. Therefore, the request for purchase of a Tens unit for long term home use with accompanying supplies for the low back is not medically necessary.