

Case Number:	CM14-0052374		
Date Assigned:	07/07/2014	Date of Injury:	02/02/2013
Decision Date:	08/12/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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 Pain 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:

This is a 50-year-old female who sustained a remote industrial injury on 02/02/13 diagnosed with cervical spinal canal stenosis, herniated nucleus pulposus at C6-7, bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release, bilateral ulnar neuropathy, migraine headaches, and hypertension. Mechanism of injury occurred when the patient was head butted by a suspect who was being placed in a police van for transport, causing the patient to hit her head on the roof of the van resulting in head and neck pain. The request for Durable Medical Equipment purchase of a TENS (Transcutaneous Electrical Nerve Stimulation) unit was non-certified at utilization review due to the lack of evidence that this device has previously been utilized on a trial basis. The most recent progress note provided is 06/10/14. Patient complains primarily of pain and tightness along the left side of her neck, stiffness in her neck, and left upper back pain. The pain is rated as a 3/10 on average. Patient reports benefit from recent physical therapy and asserts that her severe migraines have ceased since she has been off of work. Patient reports the left hind foot tingles and occasionally swells. Physical exam findings reveal tenderness over the superior medial border of the left scapula; tenderness over the left occiput; Spurling's test to the right causes pain at the base of her neck; a 4+/5 muscle strength of the right shoulder; decreased internal rotation of the right shoulder; pain in the right thumb with maximal abduction/extension; tenderness to palpation of the lateral left hind foot; a "pop" sensation with inversion and eversion on the left; and atrophy of the left extensor digitorum brevis. The patient has been able to stop taking almost all of her medications as a result from being away from work but still utilizes Valium. The patient will continue to utilize a home exercise program, massage, and a TENS unit, but the treating physician considers the patient permanently unfit to return to work. It is noted that the patient uses her TENS unit three days a week, which helps her left posterolateral neck pain for about a day, but then the pain returns. Provided documents include

several notices of authorization of treatment, notices of denial of treatment along with Utilization Reviews, primary treating physician permanent and stationary reports, cardiologist reports, physical therapy daily notes/evaluations that reveal a TENS unit was utilized in recent visits, and previous progress reports. On 03/21/14, the treating physician requests a one-month trial of a TENS unit as part of the treatment plan. On 04/04/14, a notice of authorization highlights a request for a TENS unit trial for 30 days is authorized. The patient's previous treatments include several surgeries, nerve blocks, cortisone injections, trigger point injections, medication, and physical therapy. Imaging studies provided include X-ray of the cervical spine, performed on 04/21/12. The impression of this X-ray reveals moderate focal spondylosis at C6-7. An MRI of the brain, performed on 04/21/14, is also included and reveals no explanation for the patient's headaches while an MRI of the cervical spine, performed on the same date, reveals moderate focal spondylosis at C6-7 with mild central canal narrowing and mild bilateral foraminal narrowing. There is also evidence of mild disc bulges at C4-5 and C5-6. X-rays of bilateral ankles, performed on 04/02/14, reveal findings compatible with previous left ankle surgery and consistent with minimal bilateral degenerative joint disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

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

Decision rationale: According to CA MTUS guidelines, "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted." In this case, provided documentation highlights that the patient has completed a trial of a TENS unit. Although the treating physician notes that the patient reports pain relief with the current use of a TENS unit, this relief is not quantified nor is any obtained functional improvement. There is also no indication that a TENS unit has allowed the patient to decrease the need for other forms of pain treatment and a thorough treatment plan with goals outlined is not provided. Further, as the documents highlight the patient does not desire to return to work and daily activities do not appear to be limited, it does not appear the patient is utilizing a functional restoration approach that would necessitate the use of a TENS unit permanently. For these reasons, the medical necessity of a TENS Unit for purchase is not supported and non-certified.