

Case Number:	CM14-0055878		
Date Assigned:	07/09/2014	Date of Injury:	03/09/2012
Decision Date:	08/21/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 45-year-old male who reported an injury on 03/09/2012, caused by an unspecified mechanism of injury. The injured worker had a history of neck pain with stiffness that radiated to the bilateral hands causing tingling and numbness. The injured worker had a diagnoses of cervical radiculopathy, multiple level cervical disc protrusions, microdecompression surgery with residual lumbar pain and radiculopathy. The MRI no date given, revealed a disc bulging at the C3-4 and C5-7. The MRI dated 10/12/2012 of the lumbar spine revealed a disc protrusion at the L4-5 and the L5-S1 with evidence of a bulge at the L2-3 and the L3-4. No medication or Visual Analog Scale results given. Per the objective findings of the cervical spine dated 04/01/2014 revealed tenderness to palpation at the paracervical musculature, positive for muscle spasm, along with restricted range of motion. Per the clinical note of the lumbar spine dated 04/01/2014 the examination revealed tenderness to palpation at the lumbar paravertebral musculature, positive straight leg raise bilaterally at 70 degrees, positive for muscle spasm and restricted range of motion. The treatment plan included an orthopedic re-evaluation for pain management and TENS unit. The rationale for the TENS unit was not provided within the documentation. The request for authorization was not submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines/Pain (Chronic).

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not recommend a TENS unit as a primary treatment modality. A 1 month based TENS trial may be considered as a noninvasive conservative option, if used in conjunction to a program of evidence-based functional restoration. A home-based treatment trial of 1 month may be appropriate for neuropathic pain and chronic complex regional pain syndrome. The documentation of pain must be provided for at least 3 months' duration with evidence of appropriate pain modalities that have been tried and failed. A 1 month trial period for a 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. A rental would be preferred over a purchase. Ongoing pain treatment should be documented during the trial period including medication usage. A treatment plan including specific short and long-term goal treatment with a TENS unit should be submitted. Per the documentation provided, no medication was evident in the chart notes, nor was a pain scale given. Per the clinical notes there was no evidence that the 1 month rental of the TENS unit had been tried. No neuropathic pain was evident, nor was pain relief or function or any documentation of the 3-month period where the conservative care had failed. As such, the request is not medically necessary and appropriate.