

Case Number:	CM14-0061785		
Date Assigned:	07/09/2014	Date of Injury:	05/12/1992
Decision Date:	09/15/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 Texas and Oklahoma. 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 56-year-old female who reported an injury after she fell on her left side on 05/12/1992. The Clinical Note dated 04/15/2014 indicated diagnoses of lumbosacral disc degeneration, cervical radiculitis, and disc degeneration. The injured worker reported pain in her lower back, neck, and left shoulder. The injured worker reported she had tried physical therapy, acupuncture without benefit. The injured worker reported 15 years ago she went through physical therapy and did get relief while doing sessions but no longer lasting benefit. The injured worker reported she had used a TENS unit and H-wave in the past and reported an 80% benefit from those. The injured worker reported she can cook, dress, and bathe herself without assistance but it did cause pain. The injured worker reported she can walk for about 20 minutes and drive short distances. The injured worker reported she can lift 10 pounds without assistance but will have pain following. The injured worker reported pain of 7/10 to the low back that radiated down the left side, was constant, with spasms, and throbbing. The injured worker reported neck pain rated 8/10 that radiated into the face, described as constant with spasms, throbbing, and tingling. The injured worker reported left shoulder pain that radiated into hand and fingers, rated at 6/10, described as constant, sharp, with spasms. The injured worker reported the pain was aggravated by bending, driving, sitting, standing, walking, working, housework, sex, and shopping. The pain was alleviated by rest, medication, heat, and massage. The injured worker reported her daily activities were limited at 90% with difficulty with sleep and depression. The injured worker reported her goal was to decrease the pain. On physical examination the cervical spine inspection revealed cervical torticollis right lateral flexion and left lateral flexion was 20 degrees. Flexion was 45 degrees, extension was 10 degrees, right rotation was 30 degrees, and left rotation was 60 degrees. The injured worker had pain with extension and pain with right lateral rotation. The

injured worker's reflexes for biceps right and left were 3+, triceps were 2+, and brachial radialis were 3+ bilaterally. The injured worker's lumbar spine examination revealed tenderness to palpation over the right lumbar facet, left lumbar facets, left sacroiliac joint, and left buttock. Straight leg raise was positive on the left at 60 degrees. The injured worker had a gait that was antalgic and the injured worker's left and right flexion was 25 degrees. Flexion was 60 degrees, and extension was 25. The injured worker's treatment plan included a TENS unit, follow-up in 1 month, and a TENS for in home use secondary to disuse of atrophy. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for TENS unit rental. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zynex TENS unit rental: Upheld

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

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

Decision rationale: The request for Zynex TENS Unit rental is not medically necessary. The California MTUS Guidelines for the use of TENS Unit requires chronic intractable pain documentation of at least three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. 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. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS Unit is to be used under a cast (as in treatment for disuse atrophy). It was not indicated if a 1 month trial period of the TENS Unit was documented. In addition, there is lack of a treatment plan including the specific short and long term goals of treatment with the TENS Unit. Additionally, it was not indicated if a 2 lead unit indicated. Additionally, the request did not indicate a time frame or body part for the TENS Unit. Therefore, the request for TENS Unit rental is not medically necessary.