MAXIMUS Federal Services

Case Number:	CM14-0064025		
Date Assigned:	07/11/2014	Date of Injury:	07/11/2002
Decision Date:	08/14/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/06/2014

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 and is licensed to practice in Texas & Ohio. 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 49-year-old female who reported an injury on 07/11/2002 of unspecified injury. The injured worker had a history of multiple bodily pains that included severe pain, weakness, falling at night, motor and sensory complaints losing muscle control of bilateral hands, pain the back and neck. The injured worker had a diagnosis discogenic degeneration of the lumbar, lumbar nerve root injury, muscle spasms, and arthritis. The clinical note dated 09/17/2013 revealed an MRI to the cervical spine with hyperintense lesion of the T2, without narrowing, mild loss of disc signal with a broad-based disc bulge at the C5-6, mild loss of disc signal with a broad-based disc bulge at the C6-7. The MRI of the thoracic spine dated 09/19/2013 revealed straightening of the thoracic kyphosis, and a T1-T2 vertebral body hemangioma. The MRI of the thoracic spine dated 09/19/2013 revealed at the minimal effacement of the interior thecal sac, at the L3-4 mild left neural foraminal narrowing, along with the L4-5, L5-S1. The injured worker's past treatment included a motorized power chair, and daily home health. The medications included Biafine 45 grams, Valium 10 mg, ADT cream, Lyrica, oxycodone 80 mg, Norco 10/325 mg, Elavil 25 mg, Neurontin 300 mg, Seroquel 100 mg, oxycodone 15 mg, morphine 20 mg, and a Lidoderm patch. The injured worker reported a 9/10 pain using the VAS scale. The Request for Authorization was 06/11/2014 was submitted within documentation. Rationale was not given for the TENS Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Transcutaneous Electrical Nerve Stimulator Unit (Combo Care 4): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; TENS, chronic pain (trancutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation, chronic pain Page(s): page 114.

Decision rationale: The request for 1 purchase of the transcutaneous electrical nerve stimulation is non-certified. The California MTUS Guidelines do not recommend a transcutaneous electrical nerve stimulation as a primary treatment and a 1 one month home based TENS trial may be considered as a noninvasive, conservative option. While the transcutaneous electrical nerve stimulation units may be an accepted standard of care within medical communities, the results are inconclusive. Documentation was not clear on pain medication not being effective and conservative treatment not being effective. The documentation did not address if the injured worker had already used the TENS Unit for 1 month. The request did not indicate the location that the transcutaneous electrical nerve stimulation will be used. As such, the request is non-certified.