

Case Number:	CM14-0069639		
Date Assigned:	07/14/2014	Date of Injury:	10/20/2009
Decision Date:	09/16/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational 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:

The patient is a 56 year-old female who has submitted a claim for continued neck, shoulder, and right arm pain postoperative, ulnar nerve neuropathy on the right upper extremity, and carpal tunnel syndrome associated with an industrial injury date of 10/20/2009. Medical records from 10/20/2009 to 07/14/2014 were reviewed and showed that patient complained of cervical spine pain and tightness which was greater on the right side. Physical examination of the cervical spine revealed tenderness on the right side of cervical spine with full ROM. Hoffman, Jobe, and Spurling's tests were negative bilaterally. MRI of the cervical spine dated 02/13/2013 revealed evidence of C5-6 ACDF otherwise normal. EMG of the upper extremities dated 07/24/2013 revealed severe left ulnar nerve entrapment and mild C7 chronic radiculopathy. Treatment to date has included C5-6 ACDF (08/01/2012), physical therapy, chiropractic treatment, C3-4 medial branch block (10/07/2010), and pain medications. Utilization review dated 04/23/2014 denied the request for TENS unit and supplies rental or purchase because there was no clear evidence that the claimant has been approved for additional physical therapy or any active skilled intervention to pair with TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies rental or purchase: Upheld

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

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 (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. In this case, the patient complained of chronic neck pain. It is unclear as to whether the patient is actively participating in a functional restoration program. The guidelines do not recommend the use of TENS as sole mode of treatment. The request likewise failed to specify the body part to be treated. Therefore, the request for TENS unit and supplies rental or purchase is not medically necessary.