

Case Number:	CM14-0071436		
Date Assigned:	07/16/2014	Date of Injury:	04/25/2012
Decision Date:	08/18/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/16/2014

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 Interventional Spine 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 47-year-old female with date of injury of 04/25/2012. The listed diagnoses per [REDACTED] dated 01/30/2014 are: Cervical discopathy with radiculitis, Carpal tunnel/double crush syndrome, and Lumbar discopathy/herniated nucleus pulposus/left lower extremity radiculopathy. According to this report, the patient complains of persistent low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking. She has left wrist pain. The examination of the cervical spine remains unchanged. There is tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasms. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. There is dysesthesia at C5 to C7 dermatomes. Examination of the left wrist reveals tenderness at the left wrist first dorsal compartment. There is left dorsum pain with flexion. The lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at L5 and S1 dermatomes. The utilization review did not grant the request on 04/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS unit (Cypress Care): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114, 116.

Decision rationale: This patient presents with low back pain, neck pain, and left wrist pain. The provider is requesting a home TENS unit. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The records do not show that the patient has trialed TENS unit in the past. None of the 106 pages of records document how the patient was utilizing the TENS unit, how often it was used, and what outcome measures were reported in terms of pain relief and function. In this case, the MTUS Guidelines recommends a 1-month trial of TENS unit to determine its efficacy in terms of pain relief and function. Therefore, the request is not medically necessary.