

Case Number:	CM13-0028192		
Date Assigned:	11/22/2013	Date of Injury:	02/23/1999
Decision Date:	11/09/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational Medicine

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 67 year old female who sustained an industrial injury 02-23-97. A review of the medical records reveals the injured worker is undergoing treatment for cervical spinal stenosis, and spondylosis, cervical disc displacement, and degeneration lumbar intervertebral disc, as well as temporomandibular joint (TMJ) disorder. Medical records (10-06-10) reveal the injured worker complains of ongoing neck pain and bilateral hand numbness, as well as low back pain and bilateral leg pain. Prior treatment includes cervical spine and back surgery. The treating provider reports the x-rays of the cervical and lumbar spine show the fusions are stable. The original utilization review (09-11-13) non-certified the request for a TENS Neurostimulator and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit/Neuro Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0011.html.

Decision rationale: MTUS 2009 states that TENS units should only be used as part of a functionally restorative treatment approach. The accompanying medical information does not describe any functional deficits for which the TENS unit would be used. Aetna has published guidelines for the use of TENS units and states that their use to treat temporomandibular joint (TMJ) symptoms is experimental. The underlying premise for the use of TENS according to the provider is that it will assist with muscular reeducation. However, there is no medical evidence provided or easily found that TENS use can reeducate muscles. Based upon the lack of support for the use of TENS to treat TMJ symptoms by evidence based guidelines and the lack of a sound physiologic premise for its use, this request for a TENS unit is not medically necessary.

Electro Stimulator Supplies (8-units): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0011.html.

Decision rationale: MTUS 2009 states that TENS units should only be used as part of a functionally restorative treatment approach. The accompanying medical information does not describe any functional deficits for which the TENS unit would be used. Aetna has published guidelines for the use of TENS units and states that their use to treat temporomandibular joint (TMJ) symptoms is experimental. The underlying premise for the use of TENS according to the provider is that it will assist with muscular reeducation. However, there is no medical evidence provided or easily found that TENS use can reeducate muscles. Based upon the lack of support for the use of TENS to treat TMJ symptoms by evidence based guidelines and the lack of a sound physiologic premise for its use, this request for TENS unit supplies is not medically necessary since use of a TENS unit is not medically necessary.