MAXIMUS Federal Services

Case Number:	CM14-0181973		
Date Assigned:	11/06/2014	Date of Injury:	03/25/2005
Decision Date:	01/02/2015	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 42 year old female who sustained an industrial injury on 03/25/2005. The pain management evaluation from 09/02/14 was reviewed. Her complaints included neck pain radiating to the back of the head and into the shoulder down the arms into the hands. She also had low back pain radiating down the legs into the toes and headache. Her pain level had increased and she thought it was due to not having her TENS unit supplies. She had been unable to use the unit for 2 months due to lack of supplies. She had back pain, leg pain, arm pain and headaches. She reported that Nucynta ER was helping in combination with Nucynta IR. An MRI of cervical spine from 02/09/13 showed mild straightening of the cervical curvature and very mild degenerative changes within the cervical spine. An MRI of the lumbar spine from 09/29/09 showed 4-5mm posterior disc bulge on the right at T12-L1 causing mild right sided anterior indentation of the dura, 3mm disc bulge at L4-5 and 5mm disc bulge at L5-S1. Pertinent examination findings included crepitus with range of motion of the spine and severe occiput tenderness on right consistent with her symptoms. The diagnoses included chronic neck pain and arm pain, cervical spondylosis and cervicogenic headache, chronic low back pain, degenerative disc disease, myofascial pain, hypertension, obstructive sleep apnea and asthma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrical Stimulation Unit & supplies x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114.

Decision rationale: The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. There has to be documentation of pain for alteast three months duration. There has to be evidence that other pain modalities have been tried and failed. There has to be documentation of one month trial period of the TENS unit with documendation of how often the unit was used, as well as outcomes in terms of pain relief and function. A treatment plan including short and long term goals of treatment should be submitted. The employee had ongoing pain. Even though the latest progress notes indicates that the employee was having more pain due to the lack of TENS unit, there is no documentation on how she did during the trial phase. It is also not clear what functional restoration or improvement the employee had while on TENS unit. Also it is not clear if she had documented decreased medication use or improved function while on TENS. There was also an absence of a treatment plan with short and long term goals. Hence the request for electrical stimulation unit, supplies and patches is not medically necessary.