

Case Number:	CM14-0185372		
Date Assigned:	11/13/2014	Date of Injury:	08/08/2005
Decision Date:	01/23/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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 Rehab, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Maine. 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 claimant has a history of a work injury occurring on 08/08/05. Treatments included a four level anterior / posterior cervical fusion. She continues to be treated for neck pain. She was seen on 04/21/14. She was having ongoing significant residual pain. Physical examination findings included cervical paraspinal muscle spasms. Ultram, Norco, Mentherm, and Protonix were prescribed. She was continued out of work. On 07/11/14 she was participating in pool therapy with benefit. On 08/08/14 pain intensity was related to activity level. She was continued out of work. On 09/11/14 she was having ongoing symptoms. She was taking Norco two times per day which was providing pain control. Physical examination findings included decreased cervical spine range of motion. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices), Transcutaneous electrotherapy Page(s): 121,.

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic residual neck pain after a multilevel cervical spine fusion. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, the request is not medically necessary.