MAXIMUS Federal Services

Case Number:	CM14-0197837		
Date Assigned:	12/08/2014	Date of Injury:	12/29/2011
Decision Date:	01/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Spinal Cord Injury and is licensed to practice in New York. 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 injured worker is a 39 year-old female, who was injured on December 29, 2011, while performing regular work duties. The injuries sustained were to the neck, right shoulder, and thoracolumbar spine. The injured worker has not worked since December 30, 2011. The mechanism of injury occurred while transferring a mentally disabled patient from bed to a wheelchair. The injured worker has received treatment which includes medications, and modified work duties. The records indicate the injured worker has had high levels of pain of greater than three months. The records indicate current medications as: Gabapentin; Norco; and Skelaxin. The records indicate an electromyogram and nerve conduction study on May 23, 2013, reveals a right radial nerve compression. A qualified medical examiner evaluation on August 26, 2014, indicates chiropractic and physical therapy made the pain worse; a functional restoration program was not attended as the injured worker had no money for gasoline. The evaluation on August 26, 2014, also, indicates the injured worker is unable to groom herself, cook, or drive a motor vehicle. The records of October 13, 2014, indicate a possible thyroid cancer diagnosis, physical examination revealing limited range of motion to right shoulder of 135 degrees abduction, 135 degrees forward flexion, internal rotation 60 degrees, external rotation 45 degrees, and extension is normal; tenderness is noted to the shoulder and cervical spine; work status is modified duty with several restrictions. The request for authorization is for one (1) TENS (transcutaneous electrical nerve stimulation) unit for lifetime use; and one (1) TENS unit supplies for lifetime use. The primary diagnosis is cervicalgia. On November 14, 2014, a Utilization Review non-certified the request for one (1) TENS (transcutaneous electrical nerve stimulation) unit for lifetime use, and one (1) TENS unit supplies for lifetime use, based on the Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit for lifetime use: Upheld

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

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

Decision rationale: The request for 1 TENS unit for lifetime use is not medically necessary. The California MTUS Guidelines do not recommend the use of TENS units as a primary treatment, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration, for chronic intractable pain conditions such as a diabetic neuropathy, postherpetic neuralgia, complex regional pain syndrome, phantom limb pain, spasticity, and spinal cord injury, and multiple sclerosis. The criteria for the use of TENS include documentation of pain for at least 3 months' duration, with evidence that other appropriate pain modalities have been tried (including medications) and failed. A 1 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. Additionally, other ongoing pain treatments should also be documented during the trial period including medication usage, and a treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. The clinical documentation indicated the injured worker was placed on modified work duty with several restrictions that apply to both work and home. However, the treatment plan that was submitted failed to include the specific short and long term goals of treatment with the TENS unit. The documentation submitted also failed to provide evidence of a 1 month trial period of a TENS unit, or evidence that other appropriate pain modalities had been tried and failed. In the absence of this information and using the evidence based, peer reviewed guidelines referenced, the request for a TENS unit for lifetime use is not medically necessary.

One (1) TENS unit supplies for lifetime use: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary request for 1 TENS unit for lifetime use is not medically necessary, the request associated with the service is also not supported.