

Case Number:	CM14-0201431		
Date Assigned:	12/11/2014	Date of Injury:	06/04/2009
Decision Date:	01/29/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 57 year old man who sustained a work-related injury on June 4 2009. Subsequently, the patient developed a chronic neck and back pain. According to a progress report dated on November 6 2014, the patient was complaining of ongoing neck pain despite surgery, physical therapy and pain medications. The patient was also complaining of back pain. The patient physical examination demonstrated cervical tenderness with reduced range of motion. The patient was diagnosed with s/p cervical surgery and lumbosacral radiculopathy. The provider requested authorization for TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, 30 days trial: Upheld

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

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

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality for neuropathic pain, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. It could be recommended as an option for acute

post operative pain in the first 30 days after surgery. There is no documentation that the patient developed neuropathic pain or that a functional restoration program is planned in parallel with TENS. Therefore, the request of TENS unit, 30 days trial is not medically necessary.