

Case Number:	CM14-0201988		
Date Assigned:	12/12/2014	Date of Injury:	08/07/1996
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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, Washington

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

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 64 year old male who sustained cumulative work related injuries on August 7, 1996 as a lumberjack to his neck with radiation to the upper extremities and greater on the right side. After failing conservative measures the injured worker had a cervical disc excision and fusion without relief of pain. No date or level was documented. A second procedure with a fusion from C2-C7 was performed without plates. Surgical dates were not documented. According to the neurosurgical consultation dated July 2, 2014 the injured worker remains symptomatic with chronic neck pain and frequent spasms of the thoracic interscapular muscles. The injured worker also has progressive increasing numbness of the left thumb, index and middle finger with associated dysesthesia. He is currently on Dilaudid, Oxycodone and Fentanyl patches for pain management. This report also notes a Transcutaneous Electrical Nerve Stimulation (TENS) unit is used in conjunction with the pain medication. According to the treating physician's progress reports on July 28, 2014, August 12, 2014, and Sept 30, 2014 the injured worker received a right subacromial steroid injection on each date and on November 11, 2014 the injured worker received the same to the left side. X-rays of the cervical spine performed on February 14, 2014 demonstrated a solid fusion from C3-C7 and an anterior spur at the C2-3 level. Further spinal surgery was discouraged. Disability work status was not clear in the review. The treating physician has requested authorization for a Transcutaneous Electrical Nerve Stimulation (TENS) unit. On November 17, 2014 the Utilization Review denied certification for the Transcutaneous Electrical Nerve Stimulation (TENS) unit. Citation used in the decision

process was the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines and Criteria for use of a Transcutaneous Electrical Nerve Stimulation (TENS).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. A request was made for an authorization for a wireless TENS unit replacement; however, the objective functional benefit that was received from the TENS unit was not provided. There was a lack of documentation of an objective decrease in pain with the use of the unit. Additionally, the request as submitted failed to indicate that the unit was for purchase. Given the above, the request for TENS unit is not medically necessary.