MAXIMUS Federal Services

Case Number:	CM14-0202865		
Date Assigned:	12/15/2014	Date of Injury:	06/10/2009
Decision Date:	02/04/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehabilitation, has a subspecialty in Interventional spine and is licensed to practice in California. 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:

This 54 year old female sustained a work related injury on 6/10/2009. The current diagnoses are cervical degenerative disc disease, cervical spondylosis without myelopathy, displaced cervical intervetebral disc, degenerative lumbar /lumbosacral disc disease, lumbosacral spondylosis, sacroiliac joint ligament sprain, status post anterior cervical discectomy and fusion (8/22/2014), status post decompression and fusion of the lumbar spine at L5-S1 (3/25/2011), and status post exploration of the lumbar fusion with removal of hardware (1/25/2013). According to the progress report dated 11/25/2014, the patient's chief complaints were constant mild-to-moderate neck pain with spasm. The pain increases with prolonged activity, and is located across the entire back of her neck. She reports a decrease in neck symptoms since her last evaluation. Additionally, she reports constant, lower back pain, worse on right side. The physical examination revealed minimal tenderness over the spinous processes mainly at the base of the neck. There is minimal tenderness in the paraspinal muscles, trapezius muscles, and nerve roots on both sides of neck. There was mild tenderness over the surgical scar at the lumbosacral junction. There is mild tenderness in the paraspinal muscles where the hardware was removed and moderate tenderness at the sacroiliac joints. Current medications are Tylenol, Ultram, Norco, Lidoderm patches, Ambien, Flexeril, Biofreeze, Wellbutrin, and Paxil. The treating physician prescribed a TENS unit purchase with one month supply of electrodes and batteries, which is now under review. The TENS unit purchase was prescribed specifically for pain control. In addition to TENS unit purchase, the treatment plan included Norco, Lidoderm patches, Ambien, and home exercise program. When the TENS unit purchase was prescribed work status was temporarily totally disabled.On 11/13/2014, Utilization Review had non-certified a prescription for TENS unit purchase with one month supply of electrodes and batteries.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Replacement "TENS Unit Purchase (GSM) HD Combo with HAN) and 1 month supply of Electrodes and Batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transecutaneous Electrical Nerve Stimulation (TENS).

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

Decision rationale: This patient is status post anterior cervical discectomy and fusion on 8/22/2014 and continues to complain of neck and low back pain. The current request is for DME REPLACEMENT TENS UNIT PURCHASE (GSM) HD COMBO SUPPLY OF ELECTRODES AND BATTERIES. As stated in the progress report dated 11/25/14, the patient was utilizing an "old TENS unit that finally died..." The patient has been using the unit for pain control and she has found it be effective. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. The patient has reported that the TENS unit has been "effective," but there is no discussion regarding frequency of use, magnitude of pain reduction, and any functional changes with utilizing the TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. The requested TENS unit and supplies IS NOT medically necessary.