

Case Number:	CM14-0207729		
Date Assigned:	12/19/2014	Date of Injury:	04/09/2012
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/11/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

The patient is a 56-year-old female who has submitted a claim for cervicalgia, lumbago and carpal tunnel syndrome associated with an industrial injury date of 4/9/2012. Medical records from 2014 were reviewed. The patient complained of constant neck pain aggravated by repetitive motions, pushing, pulling, lifting and forward reaching. The pain was sharp and radiated to bilateral upper extremities. She likewise had low back pain rated 7/10 radiating to bilateral lower extremities. Aggravating factors included prolonged sitting and standing. Physical examination showed tenderness at paracervical muscles, positive axial loading compression test, positive Spurling's maneuver, limited cervical motion with pain, intact motor strength, and intact reflexes. Examination of the lumbar spine showed tenderness, positive seated nerve root test and restricted motion. Treatment to date has included acupuncture and medications. The utilization review from 11/17/2014 denied the request for TENS unit purchase. Reasons for denial were not made available.

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 Transcutaneous electrotherapy.

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

Decision rationale: As stated on page 114 of CA MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-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. In this case, the patient complained of constant neck pain aggravated by repetitive motions, pushing, pulling, lifting and forward reaching. The pain was sharp and radiated to bilateral upper extremities. She likewise had low back pain rated 7/10 radiating to bilateral lower extremities. Aggravating factors included prolonged sitting and standing. Physical examination showed tenderness at paracervical muscles, positive axial loading compression test, positive Spurling's maneuver, limited cervical motion with pain, intact motor strength, and intact reflexes. Examination of the lumbar spine showed tenderness, positive seated nerve root test and restricted motion. Treatments rendered were acupuncture and medications. However, medical records submitted and reviewed did not provide any evidence that patient is still continuing her exercise program which is an adjunct for TENS therapy; TENS is not recommended as a solitary treatment modality. There is likewise no documented rationale for initiating electrotherapy. The medical necessity cannot be established due to insufficient information. Therefore, the request for TENS unit purchase is not medically necessary.