MAXIMUS Federal Services

Case Number:	CM14-0208430		
Date Assigned:	12/22/2014	Date of Injury:	01/14/2013
Decision Date:	02/18/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabn

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 47 year old male with an injury date on 1/14/13. The patient complains of headache, neck pain, left ear pain, jaw pain, photophobia, phonophobia per 11/4/14 report. The patient continues to require sunglasses outside during the day along with a baseball hat per 11/4/14 report. The patient also has episodes of vertigo and nausea, and frequently needs to sleep upright as lying down flat increases his vertigo per 10/29/14 report. The patient has occasional black spots in his vision and hears a whistling sound in his ears since his headache trauma per 10/29/14 report. Based on the 11/4/14 progress report provided by the treating physician, the diagnoses are:1. long term use of medicaitons2. syndrome postconcussion3. headache4. neck pain5. syndrome cervicocranial6. syndrome cervicobrachial7. postconcussion syndrome8. cervical strain9. suspected cervical spondylosis10. cervicogenic headachesA physical exam on 11/4/14 showed "C-spine range of motion is limited, with extension especially limited." The patient's treatment history includes medications, physical therapy, TENS unit. The treating physician is requesting TENS replacement supplies/pads (6 month supply). The utilization review determination being challenged is dated 11/21/14 and denies request due to lack of evidence of recent physical therapy, lack of specific goals of treatment, and lack of evidence that TENS unit was effective. The requesting physician provided treatment reports from 5/13/14 to 11/4/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS replacement supplies/pads (6 month supply): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. TENS, Chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: This patient presents with headache, neck pain, left ear pain, jaw pain, photophobia, phonophobia. The treater has asked for TENS replacement supplies/pads (6 month supply) on 11/4/14. The patient had a year-old TENS unit, used effectively for pain relief on his neck daily, which has been malfunctioning lately per 8/5/14 report. The patient has been authorized for a replacement TENS unit, and prior use did reduce pain and enabled patient to use less medications per 11/4/14 report, but the patient does not have any pads/supplies per 10/29/14 report. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient has a chronic pain condition. It appears that patient has been using TENS unit for over a year on his neck, with documented decrease in pain and medication usage. As the replacement TENS unit would be useless without supplies/pads, the request for a 6 month supply of TENS unit pads appears reasonable. The request is medically necessary.