

Case Number:	CM14-0098038		
Date Assigned:	07/28/2014	Date of Injury:	04/29/1990
Decision Date:	01/28/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 58 year old female old who had a work injury dated 4/29/90. The diagnoses include cervical radiculopathy, fibromyalgia/myositis, spinal stenosis, cervical; Headache, cervicalgia, radiculopathy, lumbosacral, cervical spondylosis, cervical, cervical degenerative disc disease. Under consideration are requests for a purchase of a TENS unit. There is a 6/25/14 progress note that states that the patient is reporting some increased right-sided neck pain. Particularly in the right periscapular area. She has been sleeping poorly as a result. She continues to get significant functional symptomatically proven from her medicines. She tells me that her Lidoderm patch and her salsalate and her TENS unit have been denied. In combination these therapies provide significant functional symptomatic improvement. On exam the patient is well developed and well-nourished. Patient is alert and oriented. Her mood and affect are normal. Patient is in no acute distress. Patient has good hygiene. There is no apparent loss of coordination. There is a trigger point identified in the right levator scapulae muscle. The treatment plan states that the patient has a long history of neck and upper back pain with intermittent upper extremity radicular symptoms her work-related injury. Overall she has been well compensated with combination of TENS unit, low-dose opioids, anti-inflammatories, Lidoderm patches and occasional trigger point injections and cervical epidural injections. The patient has been using a TENS unit for 10-15 years and recently this year became nonfunctional. It has a 10 year history of providing significant functional and symptom in improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: Purchase of a TENS unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation indicates that the patient has been using a TENS unit however there is no documentation of how often the unit was used or outcome in regards to functional improvement. The request for purchase of a TENS unit is not medically necessary.