MAXIMUS Federal Services

Case Number:	CM15-0004709		
Date Assigned:	01/16/2015	Date of Injury:	09/08/2014
Decision Date:	03/13/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/09/2015

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 & Rehabilitation

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 injured worker is a 57 year old female who sustained an industrial injury on 9/8/14. The injured worker reported symptoms in the spine and right shoulder. The diagnoses included cervical spine sprain/strain, rule out cervical radiculopathy, right shoulder sprain/strain, rule out internal derangement, low back pain, and lumbar spine sprain/strain and rule out lumbar radiculopathy. Treatments to date have included oral pain medication. Provider documentation dated 11/20/14 noted the injured worker presents with pain in the neck, right shoulder and lower back. The injured worker rated her pain 8/10 and described it as "burning, constant, moderate to severe" with associated muscle spasms. The treating physician is requesting a transcutaneous electrical nerve stimulation unit & supplies (rental or purchase).On 12/22/14, Utilization Review non-certified a request for a transcutaneous electrical nerve stimulation unit & supplies (rental or purchase), the MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit & supplies (rental or purchase): 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 TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-121.

Decision rationale: The patient is a 57 year-old female with a 9/8/14 date of injury. According to the 12/22/14 Utilization Review letter, the TENS unit and supplies requested on 12/10/14 was denied because the requested information was not received. UR requested the progress report corresponding with the treatment request. According to the 11/13/14 initial orthopedic report, the patient has a cumulative trauma injury involving the right shoulder, neck and back. She initially saw the company physician and received x-rays and medications. The orthopedist notes numbness and tingling with decreased sensation C5-T1 in both upper extremities. He requests a TENS unit and supplies for home use on 11/13/14. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS includes: Documentation of pain of at least three months duration, There is evidence that other appropriate pain modalities have been tried (including medication) and failed, 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; rental would be preferred over purchase during this trial,- Other ongoing pain treatment should also be documented during the trial period including medication usage,- A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted, A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The patient may have neuropathic pain, but does not appear to meet any of the MTUS criteria for TENS. The date of injury is 9/8/14, the request for TENS was on 11/13/14. There is no documentation of at least 3-month duration of pain; there is no discussion of other pain modalities being tried and failed; there is no mention of a 1-month trial of TENS; no documentation of pain treatment during the trial; no long or short term goals. The request for TENS unit and supplies, rental or purchase IS NOT medically necessary.