

Case Number:	CM15-0009693		
Date Assigned:	01/28/2015	Date of Injury:	09/06/1998
Decision Date:	04/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 70 year old male who suffered a work related injury on 09/06/89. The IW was status post a disc excision and fusion at C5-6 and C6-7. Per the physician note from 09/22/14, he complains of severe neck pain. Physical examination reveals decreased flexion and extension of the cervical spine. There was documented decreased sensation in C5 distribution on the left. The IW reportedly needs a new TENS machine for home use. At a following up visit on 12/5/14 comments the IW requires 25 chiropractic and 25 acupuncture visits each year as well as "pain medication." There is no documentation regarding how much or what medications, the frequency of visits, or the details regarding therapeutic appointments included in the chart. The IW's work status is temporarily totally disabled. On 12/12/14 the Claims Administrator non-certified the TENS unit and supplies including adhesive remover, batteries, lead wire, electrodes, and shipping/handling/tech fee, citing MTUS guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit x 1 month rental: 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): 114-115.

Decision rationale: CA MTUS guidelines state TENS treatment for chronic pain is "not recommended as a primary treatment modality, but a home based TENS trial may be considered...if used as an adjunct to a program evidence-based functional restoration." The conclusion from the record is that the IW has been using a TENS unit as there is a comment that his unit needs replacing. There is no documentation support the frequency or duration of current use. There is also no documentation to support ongoing, current adjunct therapies. Without this information, the request for a TENS unit is determined not medically necessary.

Adhesive removers: 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): 114-115.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lead wire: 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): 114-115.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Electrodes: 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): 114-115.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Batteries: 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): 114-115.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Shipping and Handling/Tech fee: 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): 114-115.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.