MAXIMUS Federal Services

Case Number:	CM15-0108079		
Date Assigned:	06/12/2015	Date of Injury:	11/20/2013
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 37-year-old female, who sustained an industrial injury on 11/20/13. The injured worker was diagnosed as having lumbago cervicalgia and carpal tunnel syndrome. Treatment to date has included lumbar steroid injections, oral medications, Toradol injection and activity restrictions. Currently, the injured worker complains of constant pain in cervical spine rated 7/10 with radiation to upper extremities, constant pain in left wrist/hand rated 8/10 and constant pain in low back rated 9/10. She is currently working. Physical exam noted limping gait, exam of cervical spine noted palpable paravertebral muscle tenderness with spasm and limited range of motion, exam of lumbar spine noted palpable paravertebral muscle tenderness with spasm and guarded and restricted range of motion and exam of wrist/hand noted tenderness over the dorsal aspect of the wrist with large ganglion cyst and pain, full range of motion. A request for authorization was submitted for a TENS unit.

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 TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: CA MTUS states that TENS units are not first line therapy but may be considered if those treatments have failed. Indications for use include: Chronic intractable pain with documentation of pain of at least three months duration, 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. In this case the record contains documentation of a one month trial but does not contain adequate documentation of response to the TENS trial. It contains only the subjective comment that pain was improved but does not address any objective improvement in pain or function or any reduction in other medication use. TENS unit purchase is not medically necessary.