

Case Number:	CM15-0018020		
Date Assigned:	02/05/2015	Date of Injury:	05/07/2010
Decision Date:	04/20/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/30/2015

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 55 year old female, who sustained an industrial injury on 05/07/2010. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, acupuncture, radiographs, MRIs, cervical laminectomy, and physical therapy. Currently, the injured worker complains of neck pain, with objective findings of restricted cervical range of motion and tenderness to palpation over the right trapezius/paracervical muscles. Current diagnoses include cervical radiculopathy, and cervical spondylosis, stenosis, arthritis and osteoarthritis. The treatment plan included continuation of medications, request for a TENS (Transcutaneous Electrical Nerve Stimulation) unit trial, and new x-rays.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial rental for 90 days with purchase of supplies for the cervical neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The patient presents with unrated neck pain. The patient's date of injury is 01/15/15. Patient is status post cervical laminectomy at a date unspecified. The request is for TENS UNIT RENTAL FOR 90 DAYS WITH PURCHASE OF SUPPLIES FOR THE CERVICAL NECK. The RFA is dated 01/15/15. Physical examination dated 01/15/15 reveals tenderness to palpation of the cervical paraspinal muscles and right trapezius muscle, decreased cervical range of motion in all planes. The patient is currently prescribed Relafen and an unspecified medication for lumbar radiculopathy from a second provider. Diagnostic imaging was not included. Per progress note dated 01/015/15, patient is advised to return to work with restrictions. MTUS guidelines pages 114-116 under TENS transcutaneous electrical nerve stimulation- for chronic pain states: Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. MTUS further states use is for neuropathic pain. In regard to the request for a 90 day rental of a TENS unit for the management of this patient's intractable chronic pain, treater has specified an excessive trial period. According to guidelines, trial rentals of TENS units are conducted for 30 days prior to consideration of a purchase; in this case the treater has requested a 90 day trial. Furthermore, this patient presents with neck pain but there is no documentation provided that this pain is clearly neuropathic. TENS units are only indicated for neuropathic pain. Therefore, the request IS NOT medically necessary.