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| Case Number: | CM15-0136451 | | |
| Date Assigned: | 07/24/2015 | Date of Injury: | 09/10/2013 |
| Decision Date: | 08/21/2015 | UR Denial Date: | 06/24/2015 |
| Priority: | Standard | Application Received: | 07/14/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 is a year old female, who sustained an industrial injury on September 10, 2013, incurring head, neck, back and shoulder injuries after an assault working as a nurse in a psychiatric unit. She had developed bilateral pulmonary emboli as a result of her injuries. The injured worker had a history of cervical spondylosis and cervical fusion in 1999. A cervical computed tomography performed in 2014, revealed a cervical fusion. The injured worker's cervical spondylosis worsened when she was assaulted at work and due to the immobilization of the increased neck and back pain, she developed deep vein thrombosis and pulmonary emboli. Currently, the injured worker complained of ongoing persistent neck pain. The treatment plan that was requested for authorization included transcutaneous electrical stimulation supplies every two weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS supplies: four pads every two weeks/8 pads per month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

Decision rationale: Pursuant to the visit to [REDACTED] Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS supplies; for pads every two weeks, eight pads per month is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are not listed in the medical record. The injured worker did have a history of cervical spondylosis and cervical fusion in 1999. Date of injury is September 10, 2013. Request for authorization is dated June 17, 2015. The medical record contains 19 pages. There was no progress note documentation from the requesting provider. There was a progress note from an internal medicine provider. The first four pages of the progress note were absent out of a 13 page note. There is no documentation, indication or clinical rationale to support TENS supplies. According to the utilization review (documentation not available in the medical record for review), there was no objective functional improvement with prior TENS use and TENS is not clinically indicated for myofascial pain. Consequently, absent clinical documentation from the requesting provider with a 19 page medical record and evidence of objective functional improvement from prior TENS use, TENS supplies; #4 pads every two weeks, eight pads per month is not medically necessary.