

Case Number:	CM15-0146287		
Date Assigned:	08/11/2015	Date of Injury:	09/23/2009
Decision Date:	09/08/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 55-year-old male who sustained an industrial injury on September 23, 2009 resulting in neck and low back pain. He was diagnosed with cervical myelopathy, and cervical and lumbar radiculopathy. Documented treatment has included physical therapy and epidural injections which are stated to have been ineffective, C3-7 discectomy and C2-C7 anterior and posterior fusions, heat, use of a cane, TENS unit which he has stated as being helpful with pain relief, home exercise, medication which reduces pain level from 10, to 8 out of 10, on the 0 to 10 pain scale. The injured worker continues to report constant radiating neck and low back pain with headaches. The treating physician's plan of care includes 4 TENS unit replacement pads. He is 100 percent disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 TENS unit replacement pad: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: 4 TENS unit replacement pads are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation does not indicate evidence that prior TENS use has caused functional improvement therefore the request for TENS unit replacement pads is not medically necessary.