

Case Number:	CM15-0204006		
Date Assigned:	10/20/2015	Date of Injury:	10/01/2004
Decision Date:	12/02/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/16/2015

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: 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 59 year old female, who sustained an industrial injury on 10-1-04. The injured worker was diagnosed as having multilevel disc herniation at C5-7, cervical stenosis, and cervical radiculopathy. Treatment to date has included a cervical epidural injection, 24 acupuncture treatments, 12 chiropractic treatments, TENS, and 11 physical therapy sessions. On 8-4-15 the treating physician noted "she says the TENS unit decreased her pain by about 25% temporarily, allow her to increase her walking distance by about 10 minutes, and increased her ability to do household work like cooking and cleaning." Physical examination findings on 8-4-15 included pain with cervical facet loading bilaterally. Tenderness was noted with palpation to cervical facet regions bilaterally. Cervical range of motion was decreased. Sensation was decreased in the C6 dermatome on the right and bilateral C7-8 dermatomes bilaterally. On 8-4-15, the injured worker complained of neck pain with radiation to bilateral upper extremities rated as 8 of 10. On 8-4-15 the treating physician requested authorization for a permanent transcutaneous electrical nerve stimulation unit for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent transcutaneous electrical nerve stimulation (TENS) unit for the neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Permanent transcutaneous electrical nerve stimulation (TENS) unit for the neck is not medically necessary per the MTUS Guidelines. The MTUS states 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. 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The request for a permanent TENS unit for the neck is not medically necessary as this device is not indicated for neck pain. Furthermore, there is no evidence of a treatment plan for the TENS unit. It is not clear that the TENS unit has provided significant sustained increase in function therefore this request is not medically necessary.