MAXIMUS Federal Services

Case Number:	CM15-0022682		
Date Assigned:	02/12/2015	Date of Injury:	05/25/2011
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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 58-year-old male who sustained an industrial injury on 5/25/11. The injured worker reported symptoms in the neck and back. The diagnoses included multilevel herniated nucleus pulposus of the cervical spine, status post posterior lumbar fusion, left lower extremity radiculopathy, cervical radiculopathy, cervicogenic headaches and lumbar herniated nucleus pulposus at L4-5 with moderate neural foraminal narrowing. Treatments to date include status post posterior lumbar fusion on 3/13/14, physical therapy, epidural steroid injection on 9/19/14, single point cane, oral pain medications and oral muscle relaxants. In a progress note dated 12/1/14 the treating provider reports the injured worker was with severe neck pain as well as "persistent headaches with light sensitivity." On 1/26/15 Utilization Review non-certified the request for monthly supplies for transcutaneous electrical nerve stimulation unit electrodes x 24 batteries x 18 for the cervical spine. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly supplies for TENS unit electrodes x24 batteries x18 for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutanaeous electrical nerve stimulation), pages 114 - 116.

Decision rationale: The requested monthly supplies for TENS unit electrodes x24 batteries x18 for the cervical spine is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutanaeous electrical nerve stimulation), pages 114 - 116, note "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." The injured worker has severe neck pain as well as "persistent headaches with light sensitivity." The treating physician has not documented a current rehabilitation program, nor functional benefit from electrical stimulation under the supervision of a licensed physical therapist or from home use. The criteria noted above not having been met, Monthly supplies for TENS unit electrodes x24 batteries x18 for the cervical spine is not medically necessary.