MAXIMUS Federal Services

Case Number:	CM15-0214808		
Date Assigned:	11/04/2015	Date of Injury:	10/19/2000
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male who sustained a work-related injury on 10-19-00. Medical record documentation on 9-8-15 revealed the injured worker was being treated for lumbago, pain in shoulder joint, shoulder disorder of the bursae and tendons, displacement of cervical intervertebral disc without myelopathy, degeneration of the cervical intervertebral disc, cervicalgia, post laminectomy syndrome of the cervical region and brachial neuritis or radiculitis. He reported significant low back, neck and left shoulder pain with constant bilateral upper extremities and bilateral lower extremities numbness, tingling and weakness. He rated his average pain without medications a 10 on a 10-point scale (10 on 8-24-15) and with medications a 6 on a 10-point scale (5-6 on 8-24-15). His pain at the time of the 9-8-15 evaluation was 10 on a 10-point scale (8-9 on 8-24-15). The medications kept the injured worker functional. His medication regimen included Oxycontin 40 mg, Norco 10-325 mg and Restoril 30 mg. Objective findings included tenderness to palpation over the cervical paraspinals and decreased cervical spine range of motion. Her cervical spine range of motion included forward flexion to 45 degrees, bilateral lateral flexion to 45 degrees, hyperextension to 75 degrees and bilateral lateral rotation to 55 degrees. He had tenderness to palpation over the thoracic paraspinal muscles. The injured worker had positive seated straight leg raise bilaterally. There was no evidence of sensory loss on sensory examination. Previous treatment included home exercise program, physical therapy, and opioid medications. A request for EMPI Home TENS unit purchase for the neck was received on 10-14-15. On 10-19-15, the Utilization Review physician determined EMPI Home TENS unit purchase for the neck was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI Home TENS unit x purchase for the neck: Upheld

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

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

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Although there are muscle spasms, the time frame of the request exceeds the 1 month time frame for length of use. The request for the purchase of the TENS unit is not medically necessary.