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| Case Number: | CM15-0030993 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 06/30/2012 |
| Decision Date: | 04/14/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

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: Physical Medicine & Rehabilitation, Pain Management

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 male patient, who sustained an industrial injury on 06/30/2012. A follow up visit dated 01/12/2015, reported subjective complaint of constant, frequent, intermittent, occasional neck pain that radiates in the shoulders, arms, and hands/fingers. In addition, he has paresthasias and weakness to the bilateral hands/fingers. Objective findings showed muscle spasm in the cervical spine and upper extremities. There is tenderness along the upper trapezius and paravertebral muscles. There is tenderness along the lumbar paravertebral muscles. There is spasm along the quadriceps and he is unable to squat. There is patellofemoral pain and crepitation of the bilateral knees on range of motion. There are healed surgical portals. A request was made asking for a one month trial home based of transcutaneous electrical nerve stimulating unit, with supplies. The following diagnoses are applied; bilateral hearing loss; cervical spine sprain/strain; and lumbar spine strain/sprain. On 01/26/2015, Utilization Review, non-certified the request, noting the CA MTUS, Transcutaneous Electrotherapy was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home trial of TENS/EMS with supplies: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 114-117.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is documentation of specific objective functional deficits which a tens unit trial would be intended to address and other treatment modalities are currently being recommended within a functional restoration approach. As such, the currently requested TENS unit trial x30 days is medically necessary.