

Case Number:	CM15-0088205		
Date Assigned:	05/12/2015	Date of Injury:	02/17/2000
Decision Date:	06/12/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/08/2015

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 60-year-old female, who sustained an industrial injury on 02/17/2000. The injured worker is currently off work. The injured worker is currently diagnosed as having cervical herniated nucleus pulposus. Treatment and diagnostics to date has included physical therapy, psychotherapy, bilateral knee surgeries, cervical spine surgery, and medications. In a progress note dated 04/06/2015, the injured worker presented with complaints of numbness down bilateral arms, increased cervical spasm, decreased activities of daily living, limited range of motion, and increased pain due to decreased use of medications. Objective findings include muscle tightness and spasm with decreased range of motion. The treating physician reported requesting authorization for Transcutaneous Electrical Nerve Stimulation Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulation (TENS) unit 60 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: Transcutaneous Electrical Nerve Stimulation (TENS) unit 60-day rental is not medically necessary per the MTUS Chronic Pain Medical Treatment 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; rental would be preferred over purchase during this trial. There should be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The documentation does not indicate a treatment plan for the TENS unit. Furthermore, the request exceeds the one-month trial period recommended by the MTUS. The request for Transcutaneous Electrical Nerve Stimulation (TENS) unit 60-day rental is not medically necessary.