MAXIMUS Federal Services

Case Number:	CM15-0233803		
Date Assigned:	12/09/2015	Date of Injury:	10/16/2012
Decision Date:	01/15/2016	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/30/2015

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

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 49 year old female with a date of injury on 10-16-12. A review of the medical records indicates that the injured worker is undergoing treatment for neck pain. Progress report dated 10-28-15 reports she has been using naproxen since 1-14-13 and it provides greater than 50 percent relief in pain. When she does not take naproxen her pain level is 10 out of 10. The current pain level is 6 out of 10. She states that this is the first day she has not taken flexeril and used lidoderm patch because they were both denied. The pain is described as tight and gripping and she is having difficulty with housework causing an increase in pain. Cervical trigger point injection on 6-8-15 provided greater than 50 percent relief. Agreed medical examiner recommended current medications, flexeril, naproxen, lidoderm patches and a TENS trial. Epidural injection and selective nerve root block were approved and performed on the left side. Objective findings: tenderness in bilateral fullness over the suprascapular region. MRI cervical spine 9-4-14 showed mild stenosis at level C5-6. Treatments include: medication, physical therapy, injections, nerve root block and acupressure treatment. Request for authorization was made for Purchase of TENS unit and supplies. Utilization review dated 11-6-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit and supplies: 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: The 49 year old patient presents with cervical disc degeneration, fibroblastic disorder, cervical disc displacement, long term use of opioids, long term use of biophosphonates, and major depressive disorder, as per progress report dated 10/28/15. The request is for PURCHASE OF TENS UNIT AND SUPPLIES. The RFA for this case is dated 11/02/15, and the patient's date of injury is 10/16/12. The neck pain is rated at 6/10, as per progress report dated 09/28/15. Medications, as per progress report dated 10/28/15, included Flexeril, Lidoderm patch, Diazepam, Neurontin, Prilosec, Zoloft and Naproxen. The patient has been cleared to work with restrictions, as per the same progress report. For TENS unit, MTUS guidelines, on page 116 and Transcutaneous Electrotherapy section, require (1) Documentation of pain of at least three months duration. (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage. (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, a request for "TENS unit trial for upper extremity myofascial pain and cervical degenerative [disease]" is noted in progress report dated 10/28/15. The treater also indicates that the use of the TENS unit was recommended by the AME. An Agreed Medical Evaluation report dated 05/19/15 has been provided for review. While this report does not discuss the need for a TENS unit, it does state that "going to an H-wave unit for additional pain control would also seem to be a good alternative to the ongoing use of IM steroids in the future." Nonetheless, the patient does complain of chronic pain in spite of conservative care. Hence, a TENS trial appears reasonable. However, the treater does not explains why the trial cannot be accomplished with a TENS unit rental. MTUS does not support purchase of the unit until a successful trial has been completed. Therefore, the request for purchase of TENS unit IS NOT medically necessary.