

Case Number:	CM14-0111264		
Date Assigned:	08/01/2014	Date of Injury:	05/19/2008
Decision Date:	10/28/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 25-year-old male who reported an injury due to continuous and repetitive motion on 05/19/2008. On 05/23/2014, his diagnoses included displacement of cervical intervertebral discs, cervical radiculitis, lumbar degenerative disease, lumbosacral or thoracic neuritis or radiculitis, and lumbar radiculopathy. His complaints included continuous neck and lower back pain with numbness in his upper extremities. His medications included topiramate 50 mg, meloxicam 7.5 mg, tramadol/APAP 37.5/325 mg, Omeprazole 20 mg, docusate 100 mg, a TENS unit, and Lido Pro ointment. He stated that he felt his medications helped with 50% of his pain and helped him maintain his ADLs. His treatment plan included continuing with a home exercise program and a TENS unit. On 06/21/2014, among the treatment plan recommendations were medication refills and TENS patches. There was no rationale or Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro TENS Patch 2 pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation), Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Additionally, a treatment plan including the specific short term and long term goals of treatment with a TENS unit should be submitted. The TENS unit is not recommended as a primary treatment modality, but a 1 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 in neuropathic pain. There was no evidence submitted that this worker was participating in a program of evidence based functional restoration. Additionally, there was no plan included in the documentation regarding long term and short term goals. Furthermore, there was no documentation submitted of the functional benefits derived from the use of the TENS unit. The request did not specify the type of patch or the size of patch. The clinical information submitted failed to meet the evidence based guidelines for TENS supplies. Therefore, this request for Retro TENS Patch 2 pairs is not medically necessary.