

Case Number:	CM14-0113645		
Date Assigned:	09/16/2014	Date of Injury:	08/02/2012
Decision Date:	10/23/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 43-year-old male who reported injury on 08/02/2012. Mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical herniated nucleus pulposus, cervical spine pain, cervical radiculopathy, cervical sprain/strain and cervical stenosis. Past medical treatment consists of Transcutaneous Electrical Nerve Stimulation (TENS) unit, Epidural Steroid Injections, physical therapy and medication therapy. On 07/01/2014, the injured worker underwent an Electromyography (EMG)/Nerve Conduction Velocity (NCV) which concluded that the injured worker had radiculopathy of the cervical spine. On 09/08/2014, the injured worker complained of cervical spine pain. Upon physical examination, it was noted that the injured worker's pain rate was 4/10 to 5/10. There was tenderness to palpation with associated myospasm. The restricted range of motion was noted. Sensory deficit at the C7-8 of the left hand were noted. The medical treatment plan is that for the injured worker to continue use with TENS unit. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMS/TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy (TENS) Page(s): 116.

Decision rationale: The request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. 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. The results of studies are inconclusive: That published trials do not provide information on the stimulation perimeters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The submitted documentation lacked any evidence indicating significant deficits upon physical examination. The efficacy of the injured worker's previous courses of conservative care were not provided. It was unclear if the injured worker underwent an adequate TENS trial. Additionally, the request as submitted is also unclear as to if the injured worker needed to rent or purchase the TENS unit. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.