

Case Number:	CM14-0115463		
Date Assigned:	08/04/2014	Date of Injury:	09/22/2011
Decision Date:	09/30/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 Maryland. 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 patient is a 48 year old female with a work injury dated 9/22/11. The diagnoses include cervical spinal stenosis; brachial neuritis. The patient has had a prior cervical fusion C4-6; medication management. Under consideration is a request for rental of transcutaneous nerve stimulator (TENS) Unit for six (6) additional months. There is a 4/23/14 document that states that the patient feels that since she has not been able to have a renewal of TENS unit supplies including electrodes, she has been in more pain. Previously when she had electrodes and was able to use the machine in unison with her pain medications and alternative therapies, she felt that she had increased functionality and better ability to perform her activities of daily living. With the use of the TENS unit, it was possible for her to use less medications at work which could impair her attention or concentration. Overall, she feels that the TENS unit has benefited her over the long-term, and the provider anticipates that she will need continued authorization for TENS unit supplies to maintain her work and normal activities of daily living. There is a 7/23/14 document from the patient which states that prior utilization reports were not reviewed properly and were biased. She states that on QME reports there were: Positive impingement test on the right shoulder; both Neer and Hawkins tests; thenar wasting bilaterally, crepitus over the extensor carpi radialis longus tendon; A broad posterior 2-mm C6-C7 disc protrusion new when compared to prior study. Problems were noted in her right shoulder, along with crepitus, weakness in her right hand. Right shoulder limited range of motion and Myofascial Pain; bulges of her C6-C7 and C3-4 new compared to Marl's prior to 9/2011 and P & S report; the L4-5 disc bulge with neuroforaminal narrowing. L3-4 paracentral disc bulge, S-1 bulge. Therapist reports diagnoses of anxiety, insomnia and depression resulting from original 2009 injury; chronic pain syndrome; failed double level fusion with continued radiculopathy; spondylosis; limited range of motion in

her neck; ongoing daily pain and muscle spasms, limited range of motion in left shoulder and left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of transcutaneous nerve stimulator (TENS) Unit for six (6) additional months:

Upheld

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

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

Decision rationale: Rental of transcutaneous nerve stimulator (TENS) Unit for six (6) additional months is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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 time. The documentation submitted does not reveal the documentation of use and outcomes recommended. MTUS guidelines recommend TENS "as an adjunct to a program of evidence-based functional restoration." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit " documented. The above documentation does not submit evidence of a treatment plan or an ongoing documented program of evidence based functional restoration. The documentation submitted do not reveal objective documentation from physician office visits supporting the medical necessity of a TENS unit. The request for rental of transcutaneous nerve stimulator (TENS) Unit for six (6) additional months is not medically necessary.