

Case Number:	CM14-0117451		
Date Assigned:	08/06/2014	Date of Injury:	08/18/2012
Decision Date:	09/19/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/25/2014

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 Nevada. 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 records presented for review, indicate that this 63 year old female was reportedly injured on August 18, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated August 1, 2014, indicated that there were ongoing complaints of neck pain, mid back pain, low back pain and left lower extremity numbness and tingling. The current pain was noted to be 9/10. The physical examination demonstrated a decrease in cervical spine range of motion, a decrease in sensation in the bilateral upper extremities in the C6, C7 & C8 dermatomes and a noted decrease in sensation in the L5 and S1 dermatomes. Diagnostic imaging studies were not reviewed. Previous treatment included lumbar surgery, urine drug screening, multiple medications and pain management interventions. A request was made for transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the preauthorization process on July 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of TENS (Transcutaneous Electrical Nerve Stimulation) unit with supplies:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Unit. Decision based on Non-MTUS Citation Carroll-Cochrane, 2001; Chong, 2003; Niv, 2005.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 of 127.

Decision rationale: When noting the date of injury, the date of surgery, the ongoing complaints of pain, and the findings noted on physical examination, there is a chronic intractable pain situation. However, as noted in the Medical Treatment Utilization Schedule (MTUS), the criterion for the initiation of a thirty day trial begins with a treatment in a documented setting such as in physical therapy to demonstrate the efficacy. Seeing none, there is insufficient clinical evidence presented to support the medical necessity of this device.