

Case Number:	CM14-0121645		
Date Assigned:	09/16/2014	Date of Injury:	01/17/2012
Decision Date:	11/07/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology and is licensed to practice in Tennessee, Georgia, and North Carolina. 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 70-year-old male who reported injury on 01/17/2012. The mechanism of injury, surgical history and current medications were not provided. The injured worker underwent an MRI of the cervical spine. The injured worker was noted to be having a multilevel cervical fusion. The documentation of 07/10/2014 revealed the injured worker had pain in the arms bilaterally with numbness and tingling and radiation into the legs. The injured worker had neck and low back pain that was painful. The injured worker had tenderness to palpation in the paracervical and trapezius musculature. The injured worker had restricted range of motion due to complaints of pain. The diagnoses included cervical radiculopathy and cervical myelopathy. The treatment plan included a cervical disc fusion at C3-7 and a TENS unit for home use postoperatively. There was no rationale or request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, postoperative pain Page(s): 116 and 117.

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

Decision rationale: The California MTUS Guidelines recommend a TENS unit for acute postoperative pain in the first 30 days post-surgery for mild to moderate thoracotomy pain. It has shown to be of lesser effect or not at all for other orthopedic surgical procedures. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate whether the unit was for rental or purchase. Given the above, the request for TENS unit is not medically necessary.