

Case Number:	CM14-0127397		
Date Assigned:	09/23/2014	Date of Injury:	03/05/2013
Decision Date:	10/22/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 56 year old with an injury date on 3/5/13. Patient complains of improved cervical pain (due to Lyrica), constant headaches, intermittent scapular area pain rated 2/10 per 5/28/14 report. Patient states that use of her arm at the end of the work day increases her pain per 5/28/14 report. Based on the 5/28/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical radiculopathy 2. lumbar radiculopathy 3. cervical and lumbar facet arthropathy Exam on 5/28/14 showed "C-spine range of motion is slightly decreased in flexion, and extension is 10/60." [REDACTED] is requesting purchase combo TENS unit with HAN and monthly supplies and monthly TENS supplies, electrodes 8 pair per month, batteries 6 units per month. The utilization review determination being challenged is dated 7/16/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/3/14 to 5/28/14 .

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase combo TENS unit with HAN and monthly supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-121.

Decision rationale: This patient presents with neck pain and headaches. The treater has asked for purchase combo TENS unit with HAN and monthly supplies on 5/28/14. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, patient does not present with a diagnosis that MTUS indicates for use of TENS unit. In addition, review of the records indicate patient has not yet had a month-long trial of TENS unit, and this request is for a purchase. Recommendation is for denial.

Monthly TENS supplies: Electrodes 8 pairs per month, batteries 6 units per month:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

Decision rationale: This patient presents with neck pain and headaches. The treater has asked for monthly TENS supplies, electrodes 8 pair per month, batteries 6 units per month. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. . In this case, patient does not present with a diagnosis that MTUS indicates for use of TENS unit. In addition, review of the records indicate patient has not yet had a month-long trial of TENS unit, and this request is for a purchase of TENS unit supplies. Recommendation is for denial.