

Case Number:	CM14-0141851		
Date Assigned:	09/18/2014	Date of Injury:	04/08/2009
Decision Date:	11/18/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	09/02/2014

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 & 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 53-year-old female with date of injury of 04/08/2009. The listed diagnosis per [REDACTED] from 07/17/2014 is status post anterior cervical discectomy and fusion at C5-C6 from 07/11/2014. According to this report, the patient was found to have disk herniation with posterior osteophytes compressing in the exiting C6 nerve roots bilaterally. The patient has made some substantial improvement following the operation. The surgical incision is healing well. There is no evidence of infection. The patient was recommended to start walking long distances. The records include an x-ray of the cervical spine from 03/08/2014 and the operative report from 07/11/2014. The utilization review denied the request on 07/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Tens Unit (Purchase) with Electrodes, 7-11-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

Decision rationale: This patient is status post anterior cervical discectomy and fusion at C5-C6 from 07/11/2014. The treater is requesting a retrospective decision for a TENS unit purchase with electrodes. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but 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. It appears that the treater is requesting this TENS unit following the patient's recent surgery from 07/11/2014. Despite the review of records from 03/26/2014 to 07/17/2014, there is no documentation of the patient's use of the TENS unit. MTUS requires a trial of TENS unit to determine its efficacy in terms of functional improvement and pain reduction prior to its purchase. The request is not medically necessary.