

Case Number:	CM14-0146391		
Date Assigned:	09/12/2014	Date of Injury:	05/01/2003
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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 Pain Medicine 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 injured worker is a 73-year-old female who reported an injury on 05/01/2003 due to cumulative trauma she received working at [REDACTED] for a period of 28 years. The injured worker has diagnoses of cervical radiculopathy, diffuse cervical brachial syndrome, lumbosacral radiculopathy and disorder of trunk. Past medical treatment consists of physical therapy, aquatic therapy, chiropractic therapies, home exercise program and medication therapy. The injured worker has undergone electro diagnostic testing scans. On 06/26/2014 the injured worker complained of back pain. Examination of the cervical spine revealed tenderness and decreased range of motion, and low back pain with extension and flexion and decreased range of motion. The paraspinal muscles were positive for spasm bilaterally. Sensation was decreased with pinprick, vibration, position and light touch. Reflexes were symmetrical. Sensation was diminished in the C5, C6 and C7 bilaterally, and L4, L5, and S1 distributions bilaterally. The treatment plan was for the injured worker to continue with use of a TENS unit with supplies. The rationale and Request for Authorization form were not 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 and supplies 2 electrodes (rental or purchase): 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): 116.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The submitted documentation lacked any evidence indicating significant deficits upon physical examination. Additionally, the efficacy of the injured worker's previous course of conservative care was not provided. Furthermore, there was no indication that the injured worker was under any other conservative treatment besides the use of a TENS unit. Guidelines do not recommend the use of a TENS unit as a primary treatment modality. Also, there was no rationale as to how the provider felt the TENS unit would help the injured worker with any functional deficits. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for TENS Unit and supplies 12 electrodes (rental or purchase) is not medically necessary.