

Case Number:	CM14-0147496		
Date Assigned:	09/15/2014	Date of Injury:	09/08/2010
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 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 26-year-old female who reported an injury of unknown mechanism on 09/08/2010. On 08/08/2014, her diagnoses included neck pain, facet arthropathy, cervical HNP, chronic cervical degenerative disc disease, chronic muscle spasms, chronic pain due to trauma, and myalgia and myositis unspecified. Her complaints included constant pain of the entire neck and both shoulders. Her pain was aggravated by lifting and pushing and relieved by physical therapy and rest. She rated her pain at 8/10 without medications and 3/10 with medications. The rationale for the requested TENS unit was that it was being requested for indefinite use since this worker had benefited significantly from the use of a TENS unit and would utilize it to maintain a higher level of functioning. She would use it daily after she was finished with physical therapy. The rationale for the requested traction unit was that this worker had found it very helpful to reduce her pain and headaches. This was also being requested for when she was no longer attending physical therapy sessions. A request for authorization dated 08/08/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation), Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Additionally, a treatment plan including the specific short term and long term goals of treatment with the TENS unit should be submitted. Although mention was made of this worker having used a TENS unit, there was no documentation of, the time period it was being used, the body part that was being treated with the TENS unit, or the frequency of application. The clinical records submitted for review failed to provide documentation of objective functional benefit that was received or an objective decrease in pain that was a benefit of the TENS unit. There was no specific treatment plan included with the request. Also, the request as submitted failed to indicate a quantity of TENS unit supplies. A 1 month home based TENS trial may be considered as a noninvasive conservative option. There was no indication that this worker had participated in a 1 month home based trial. The clinical information submitted failed to meet the evidence based guidelines for the use of a TENS unit. Therefore, this request for TENS Unit for purchase is not medically necessary.

Cervical Traction Machine for home use: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Traction

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The California ACOEM Guidelines state that there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. There was no submitted documentation of the functional benefits or reduction in pain that this worker received from the use of a traction machine during her physical therapy sessions. Additionally, this request did not state whether this was to be a purchase or a rental. The need for a home based cervical traction machine was not clearly demonstrated in the submitted documentation. Therefore, this request for cervical traction machine for home use is not medically necessary.