

Case Number:	CM14-0160096		
Date Assigned:	10/03/2014	Date of Injury:	10/04/2011
Decision Date:	11/03/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family 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:

This is a 60-year-old male with a 10/4/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/29/14, the patient continued to complain of pain in his lower back radiating down to both lower extremities. He rated his pain as a 6/10. He stated that the cervical spine continued to be debilitating painful. The patient's cervicogenic headaches occasionally become migrainous with an aura, photophobia, and nausea. The patient also utilizes TENS unit on a regular basis, which does help to alleviate pain and spasms across his neck and lower back. He feels that the TENS unit enables him to keep his oral analgesic medications down to a minimum. Objective findings: tenderness to palpation of posterior cervical musculature, numerous trigger points that are palpable and tender throughout the cervical and lumbar paraspinal muscles, decreased cervical and lumbar range of motion with obvious muscle guarding, tenderness to palpation along joint line of bilateral shoulders, tenderness to palpation of posterior lumbar musculature with increased muscle rigidity. Diagnostic impression: cervical and lumbar myofascial injury with bilateral upper and lower extremity radicular symptoms, right shoulder internal derangement, left shoulder impingement syndrome, bilateral carpal tunnel syndrome. Treatment to date: medication management, activity modification, epidural steroid injections, TENS unit, trigger point injections. A UR decision dated 9/11/14 denied the request for replacement of TENS unit supplies. The patient is on 3 Norco per day and Anaprox with no indication the TENS unit is having any impact on either his medication requirements or his pain score or that he is even using it to warrant the purchase of supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of replacement of TENS Unit Supplies: Electrodes x 10 packs, and batteries x 10 for (A4595 and A4630) for lumbar, cervical spine, and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. In the present case, the patient is noted to have previously used a TENS unit with benefit. However, the specific subjective and objective functional improvements directly related to the use of TENS unit are not clearly outlined. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is insufficient documentation to establish medical necessity for the requested TENS unit, as a result, this request for TENS Unit supplies cannot be substantiated. Therefore, the request for Replacement of TENS Unit Supplies, for purchase is not medically necessary.