

Case Number:	CM14-0161220		
Date Assigned:	10/06/2014	Date of Injury:	09/05/2012
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	10/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 50 year old male who was injured on 9/5/2012. The diagnoses are status post traumatic brain injury, cervical radiculopathy, lumbar radiculopathy, and low back pain. The MRI of the cervical spine showed multilevel disc bulges, spondylosis and neural foraminal stenosis. There was L4-on L5 retrolisthesis of the lumbar spine and kyphosis of the thoracic spine. On 8/20/2014, [REDACTED] noted subjective complaints of pain score of 9-10/10 without medications and 6-7/10 with medications on a scale of 0 to 10. The patient reported a recent fall secondary to weakness and numbness of the lower extremities. The medications are Neurontin and Norco. The patient reported sleepiness from the effects of Neurontin. A Utilization Review determination was rendered on 9/3/2014 recommending non certification for TEN unit and supplies for 1 year.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with Supplies for 1 Year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)p Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the TENS unit can be utilized for the treatment of chronic musculoskeletal pain. It is recommended that the documentation of treatment parameters and efficacy during a 1 month trial be provided before a 1 year treatment and purchase of supplies is prescribed. The records did not show that the patient completed a successful 1 month trial use of TENS unit training and use. There was no documented beneficial effects from the use of TENS unit during other treatment programs. The criteria for the use of TENS unit with supplies was not met.