MAXIMUS Federal Services

Case Number:	CM14-0181821		
Date Assigned:	11/06/2014	Date of Injury:	07/30/2013
Decision Date:	12/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 Internal 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 patient is an injured worker who is status post cervical spine surgery. Date of injury was 7/30/13. Diagnoses were cervical fusion, nonunion fracture, thoracic sprain strain, and status post anterior cervical discectomy and fusion performed on 5/12/14. MRI magnetic resonance imaging of the cervical spine dated 4/15/10 demonstrated a stable interbody fusion at C5-6. There were no acute findings. The cord was intact. There was no stenosis. Computed Tomography CT scan of the cervical spine dated 4/04/14 revealed that the patient was status post anterior body fusion at C5-6. The fixating screws in the C5 vertebral body had fractured in the interval. There was a new finding of lucency in the central bone in the C5 interspace within the disc spacing devices. There was minimal spondylosis at C3-4 and C4-5. There was no central canal or foraminal stenosis. The medical report dated 7/09/14 documented the performance of anterior cervical discectomy and fusion surgery on 5/12/14. The progress report dated 9/18/14 documented that the patient was status post anterior cervical discectomy and fusion on C5-C6 on 5/12/14. The patient reported that the difficulty with swallowing has resolved. Neck pain was constant and there were daily headaches. The patient has headaches and neck pain. The patient reported that acupuncture treatments have been beneficial and medications have been decreased as a result of the treatments. Medications included Oxycontin, Morphine, and Soma. The treatment plan included a request for a pain management follow-up appointment to manage the oral medications, an orthopedic follow-up appointment with the spine surgeon for the cervical spine, and additional acupuncture sessions. TENS unit and supplies were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, 181-183,Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Electrical stimulators (E-stim), Functional restoration programs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Electrotherapies, and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Bibliographic Source: Work Loss Data Institute. Neck and upper back (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 May 14. Guideline.gov

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses transcutaneous electrotherapy. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Table 8-8 Summary of Recommendations for Evaluating and Managing Neck and Upper Back Complaints (Page 181-183) states that TENS is not recommended. ACOEM Chapter 8 (Page 173-174) states that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as transcutaneous electrical neurostimulation (TENS) units. Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) state that electrotherapies are not recommended. Work Loss Data Institute guidelines for Neck and Upper Back (acute & chronic) state that electrotherapies are not recommended. Medical records document that cervical C5-C6 discectomy and fusion surgery was performed on 5/12/14. MTUS, ACOEM, ODG, and Work Loss Data Institute guidelines do not support the medical necessity of TENS electrotherapy for neck conditions. Therefore, the request for TENS unit and supplies (rental or purchase) is not medically necessary.