

Case Number:	CM14-0182937		
Date Assigned:	11/07/2014	Date of Injury:	06/01/2001
Decision Date:	12/11/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/04/2014

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 and Rehabilitation; has a subspecialty in Interventional spine 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 a 58 year old female with an injury date on 06/01/2001. Based on the 09/15/2014 hand written progress report provided by [REDACTED] the diagnoses are: 1. Cervical spondylosis without myelopathy. 2. Other postsurgical status other. According to this report, the patient complains of continued severe neck pain and spasm with no radicular pain. The 08/18/2014 report reveals limited cervical range of motion. Pain is aggravated by the use of the arms and extended overhead position. Tenderness and muscle guarding are noted at the left lower cervical paraspinal muscles. There is slight hypesthesia of the radial finger of the left hand compared to the right noted. There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider and he provided treatment reports from 06/10/2014 to 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic (transcutaneous electrical nerve stimulation)/ Criter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to the 09/15/2014 report by [REDACTED] this patient presents with severe neck pain and spasm with no radicular pain. The treater is requesting 1 TENS unit. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 06/10/2014 to 09/30/2014 does not indicate the patient has neuropathic pain. Furthermore, there is no evidence that the patient has had a successful trial of one-month rental to determine whether or not a TENS unit will be beneficial. The requested TENS unit is not in accordance with MTUS guidelines therefore request is not medically necessary.

10 electrodes packs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to the 09/15/2014 report by [REDACTED] this patient presents with severe neck pain and spasm with no radicular pain. The treater is requesting 10 electrodes packs. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Given that the TENS unit was not suggested, the requested 10 electrodes packs is not recommended therefore request is not medically necessary.

10 batteries: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to the 09/15/2014 report by [REDACTED] this patient presents with severe neck pain and spasm with no radicular pain. The treater is requesting 10 batteries. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Given that the TENS unit was not suggested, the requested 10 batteries is recommended therefore request is not medically necessary.

Unknown set & delivery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: According to the 09/15/2014 report by [REDACTED] this patient presents with severe neck pain and spasm with no radicular pain. The treater is requesting unknown set & delivery. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Given that the TENS unit and supplies were not suggested, the requested delivery is not supported therefore request is not medically necessary.