

Case Number:	CM14-0183039		
Date Assigned:	11/07/2014	Date of Injury:	11/09/2010
Decision Date:	12/11/2014	UR Denial Date:	10/15/2014
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 Physical Medicine and 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:

This 49 year-old Deputy Sheriff sustained an injury on 11/9/10 from a trip and fall during pursuit of a felon while employed by [REDACTED]. Request(s) under consideration include DME: TENs unit electrodes and DME: TENs unit batteries. MRI of the lumbar spine dated 4/29/14 showed degenerative disc disease at L3-5 with mild disc bulge and minimal spinal stenosis. Conservative care has included medications, therapy, acupuncture, chiropractic treatment, LESI, and modified activities/rest. Report of 5/7/14 showed chronic ongoing low back pain radiating to buttocks, thigh and groin down bilateral lower extremities; neck pain radiating to traps, scapular and right forearm and down finger; temporal headaches. Exam showed TTP over cervical spine and T1-2; mild deltoid weakness on right, 4+/5 and mild weakness to biceps bilaterally at 4+/5; right shoulder impingement sign. Diagnoses included cervical disc degeneration; lumbar DDD/spinal degeneration. Treatment included LESI and PT. Report of 7/22/14 noted previous PT with mild relief; TENS unit provided temporary mild pain relief and mild relief with 7 Lumbar steroid injections with unchanged radiating neck and low back symptoms. Exam was unchanged with limited range in cervical and lumbar spine with spasm, TTP, and diminished sensation over bilateral thumbs and index fingers. Diagnoses include cervical facet syndrome with plan for medial branch blocks, EMG/NCS of upper extremities, cervical MRI and medications. The patient remained off work. The patient remains not working. The request(s) for DME: TENs unit electrodes and DME: TENs unit batteries were non-certified on 10/15/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS unit electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy TENS, chronic pain (transcutaneous).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, chiropractic, acupuncture, injections, activity modifications, rest, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for quite awhile, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The DME: TENS unit electrodes is not medically necessary and appropriate.

DME: TENS unit batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy TENS, chronic pain (transcutaneous).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, chiropractic, acupuncture, injections, activity modifications, rest, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for quite awhile, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated

supplies are not medically necessary. The DME: TENs unit batteries is not medically necessary and appropriate.