

Case Number:	CM14-0183421		
Date Assigned:	11/10/2014	Date of Injury:	04/03/2014
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
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 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 54-year-old patient sustained an injury on 4/3/14 while employed by [REDACTED]. Request(s) under consideration include Transcutaneous Electrical Nerve Stimulation Unit (Purchase). Diagnoses include cervical and lumbar disc degeneration; cervical spondylosis; myofascial spasm; and sacroilitis. Conservative care has included medications, physical therapy, acupuncture, manual therapy, and modified activities/rest. Report of 9/24/14 from the provider noted the patient with ongoing neck pain; been using homeopathic medications (no names provided) and utilizing yoga therapy. Exam of the cervical spine showed tenderness along bilateral facet joints and paraspinals of midline region with pain on flexion/extension range; tenderness at left PSIS; and positive Faber's sign. Treatment included trial of Lidoderm patches, TENS unit, work hardening physical therapy. The request(s) for Transcutaneous Electrical Nerve Stimulation Unit (Purchase) was non-certified on 10/9/14 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:

Transcutaneous Electrical Nerve Stimulation Unit (Purchase): Upheld

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

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 analgesics and other medication, physical therapy, acupuncture, manual therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The Transcutaneous Electrical Nerve Stimulation Unit (Purchase) is not medically necessary.