

Case Number:	CM14-0184421		
Date Assigned:	11/12/2014	Date of Injury:	08/08/2001
Decision Date:	12/30/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/05/2014

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 60 years old male with an injury date on 08/08/2001. Based on the 08/28/2014 progress report provided by the treating physician, the diagnosis is opioid dependency. According to this report, the patient complains of "constant neck and low back pain." The patient's surgical history includes neck fusion in 2007, bilateral carpal tunnel surgeries in 2008 and 2011, and elbow surgery in 2012. The 07/21/2014 report indicates "examination is essentially unchanged from his previous exams." However, exam findings were not included in the reports for review. There were no other significant findings noted on this report. The utilization review denied the request on 10/31/2014. The requesting provider provided treatment reports from 03/03/2014 to 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit (cervical spine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of TENS Page(s): 116.

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

Decision rationale: According to the 08/28/2014 report, this patient presents with constant neck and low back pain. The provider is requesting TENS unit (cervical spine) but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 08/26/14 and the utilization review letter in question is from 10/31/2014. 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 03/03/2014 to 08/28/2014 shows no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. Therefore, this request is not medically necessary.