

Case Number:	CM14-0045781		
Date Assigned:	07/02/2014	Date of Injury:	02/07/2011
Decision Date:	08/20/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Medicine and is licensed to practice in Utah. 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 57 year-old female, date of injury is 2/7/2011. The mechanism of injury is unclear at this time, but it is stated she often has to wear heavy gear during her work. The patient has been diagnosed with neck pain, neck stiffness, hypertension, diabetes, brachial neuritis NOS, cervical spine fusion, thoracic spine inter-segmental dysfunction and myospasm/ myofascitis. The patient's treatments have included chiropractors, surgery, injections, imaging studies and medications. The physical exam findings, dated 2/24/2012 show a neck exam that consists of mid-line tenderness to palpation over C3-C7, with bilateral facet joint swelling from C5-T1. There is mild to moderate muscle spasms noted along the cervical and thoracic spine, with taut and tender trapezial ridges and latent trigger points. The patient's medications have included, but are not limited to, Metformin, Cyclobenzaprine, Naproxen, Omeprazole, Zofran, Medrox Ointment, Tramadol, Diovan and some pain medications (directly stated in the records). The request is for Thirty (30) day trial of Home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty (30) day trial of Home TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 113-115.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. A one-month trial may be considered for condition of neuropathic pain and CRPS, phantom limb, multiple sclerosis and for the management of spasticity in a spinal cord injury. According to the clinical documents the patient does not have the above conditions that would warrant a trial of a TENS unit. According to the clinical documentation provided and current MTUS guidelines; A TENS unit is not medically necessary.