

Case Number:	CM13-0064209		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2013
Decision Date:	03/05/2015	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 39 year old male, who sustained a work related injury September 10, 2013. According to an initial consultation by an orthopedic surgeon, dated October 13, 2013, the injury occurred while riding a bike; he crashed over a chain link fence in the dark, landing on his face and right side. He has been treated for possible concussion and currently on modified work duties. A cervical MRI dated October 16, 2013 reveals; a 3mm broad-based disk bulge extending into bilateral neural foramina at the C4-C5 level, causing mild to moderate bilateral neural foraminal narrowing, right greater than left; 2-3mm broad-based bulge at C5-C6 level, causing mild to moderate bilateral neural foraminal narrowing, right greater than left. Hypertrophic facet degenerative changes are seen. There is a 2mm bulge at the C3-C4 level and a 2mm bulge at the C6-C7 level, causing minimal bilateral neural foraminal narrowing and degenerative disk disease at the C4-C5 level (report present in medical record). A neurology consultation, dated October 9, 2013, reveals a CT scan is negative (report not present in medical record), neurologic exam is negative and prognosis should be excellent. According to the primary treating physician's progress report, dated November 15, 2013, the injured worker presented with complaints of a constant moderate achy headache, severe achy sharp neck pain with radiation to the right arm, intermittent and moderate achy upper/mid back/ low back/ left and right shoulder/left and right knee pain. Physical examination reveals; 3+ tenderness to palpation of the cervical paravertebral, thoracic and lumbar muscles with spasm; cervical compression is positive; 3+ tenderness to palpation of the acromioclavicular joint, anterior/ posterior, left and right shoulder; 3+ tenderness to palpation of the anterior knee, lateral and medial joint lines, left and right knee.

Diagnoses included abrasion/contusion head; post traumatic headache; post-concussion syndrome; cervical, thoracic, lumbar and right and left shoulder musculoligamentous injury, cervical radiculopathy, and right and left knee sprain/strain. Treatment plan included; continue with physical therapy, NCV testing and FCE evaluation pending, and requests for Home Kit and TENS unit to control pain. Work status is documented as temporarily totally disabled until 12/30/2013. According to utilization review performed November 22, 2013, the request for (1) TENS (transcutaneous electric nerve stimulation) unit for purchase is non-certified. The request is not addressed in MTUS ACOEM for the diagnosis provided, contusion of the head, and an alternative Official Disability Guidelines (ODG) Pain was cited. The purchase of a TENS unit indicates long term use which is unproven as an effective treatment alternative for long term pain relief and not supported in the guidelines. Citing MTUS ACOEM for Neck, Upper Back, and Shoulder and Low Back complaints; a TENS unit is not supported by the guidelines but it may be useful in the initial conservative treatment of acute shoulder symptoms. Based on documentation provided for review and using evidence based peer review guidelines, the request is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, PAIN, TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with neck, shoulder and knee pain due to an injury on 09/10/13. The request is for purchase of a TENS unit is not medically reasonable or necessary. The patient is continuing physical therapy treatments and at home exercise program. Long term use of a TENS unit is not supported. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Per progress report dated 11/15/13, the patient has been recommended to continue physical therapy and in home exercise by the treater. The treater is requesting an in-home TENS unit. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. Furthermore patient does not present with an indication for TENS unit. MTUS supports units for neuropathic pain, spasticity, MS, phantom pain and others: but not low back or neck pain. Treater has not discussed how TENS will be used. The request is not medically necessary.