

Case Number:	CM14-0211903		
Date Assigned:	12/24/2014	Date of Injury:	06/08/2004
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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 & Rehabn

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 54-year-old female with date of injury of 06/08/2004. The listed diagnoses from 10/31/2014 are 1. Cervical spine sprain/strain, rule out HNP 2. Rule out cervical adiculopathy 3. Lumbar spine sprain/strain, rule out HNP 4. Rule out lumbar radiculopathy. According to this report, the patient complains of burning radicular neck pain that is constant, moderate to severe, at a rate of 7/10. The pain radiates to the bilateral upper extremities with associated numbness and tingling. The patient also complains of burning radicular low back pain at a rate of 8/10. She describes her pain as constant, moderate to severe, which radiates to the bilateral lower extremities with associated numbness and tingling. Examination shows tenderness to palpation over the cervical paraspinal muscles bilaterally. Sensation to pinprick and light touch is diminished over the C5, C6, C7, C8, and T1 dermatomes. Motor strength is 4/5 in the bilateral upper extremities. Deep tendon reflexes are 2+ and symmetrical. There is tenderness to palpation at the lumbar paraspinal muscles. Decreased sensation to pinprick and light touch at L4, L5, and S1 dermatomes bilaterally. Motor strength is 4/5. Deep tendon reflexes are 2+ and symmetric. The documents include a progress report from 10/31/2014. The utilization review denied the request on 11/24/2014.

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 (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting Transcutaneous Electrical Nerve Stimulation Unit (TENS). The MTUS Guidelines pages 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The records do not show that the patient has used a TENS unit in the past. There is no indication that the patient has already completed a 30-day trial, and MTUS does not recommend a purchase without a trial first. In this case, the current request For Transcutaneous Electrical Nerve Stimulation Unit is not medically necessary.

1 Month supply of Electrodes, Batteries and Lead Wires for TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting a 1-month supply of electrodes, batteries, and lead wires for TENS unit. The MTUS Guidelines page 114 to 116 on TENS unit states that it is not recommended as a primary treatment modality, but a 1-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. The records do not show that the patient has used a TENS unit in the past. There is no indication that the patient has already completed a 30-day trial, and MTUS does not recommend a purchase without a trial first. While this patient may require a 30-day trial, the current request for a month supply of Electrodes, Batteries, and Lead Wires is not medically necessary.