MAXIMUS Federal Services

Case Number:	CM14-0098533		
Date Assigned:	09/16/2014	Date of Injury:	01/14/2013
Decision Date:	04/23/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/26/2014

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old male, who sustained an industrial injury on 01/14/2013. Initial complaints reported included head, neck and back injury with loss of consciousness after falling from a ladder. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, acupuncture, physical therapy, MRI of the brain and cervical spine (02/03/2014), vestibular therapy, TENS (Transcutaneous Electrical Nerve Stimulation) therapy, and neuropsychological therapy. At the time of the request for authorization, the injured worker complained of chronic and ongoing neck pain, severe headaches, intermittent vertigo and nausea, photophobia, black spots in his vision, and hearing a whistling sound. Current diagnoses include post-concussion syndrome, headaches, neck pain, cervicocranial syndrome, cervical strain, suspected cervical spondylosis, reactive depression, and pain related insomnia. The treatment plan consisted of purchase of a replacement TENS (Transcutaneous Electrical Nerve Stimulation), continued medications with some changes in medications, awaiting pending additional physical therapy, continued neuropsychological therapy, and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a replacement TENS unit.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), p114 Page(s): 114.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for neck pain with a history of a fall with loss of consciousness and a diagnosis of post-concussive syndrome. He has used a TENS unit with apparent benefit. Being requested is a replacement unit. Although not recommended as a primary treatment modality, TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In this case, the claimant has already used TENS with benefit. Therefore, the requested replacement TENS unit is medically necessary.