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| Case Number: | CM15-0002353 | | |
| Date Assigned: | 01/13/2015 | Date of Injury: | 03/15/2008 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/15/2014 |
| Priority: | Standard | Application Received: | 01/06/2015 |

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 69 year old male, who sustained an industrial injury on March 15, 2008. He has reported upper back, lower neck, and shoulder injuries. The diagnoses have included cervical spondylosis and radiculopathy, cervical spine pain, and lower back pain. Treatment to date has included MRI, cervical transforaminal epidural steroid injection, VQ TENS (transcutaneous electrical nerve stimulation), a heated pillow, work modifications, physical therapy, and non-steroidal anti-inflammatory oral and topical pain, and muscle relaxant medications. On February 11, 2014, the injured worker complained of intermittent, sharp, stabbing neck pain, rated 1-2/10 on a VAS (visual analogue scale). The injured worker reported he is able to decrease his use of pain medication to 2-3 times per week with the use of a VQ TENS unit. On December 15, 2014 Utilization Review modified a retrospective request for a VA stimulator unit purchase (DOS: 2/18/14) and modified a retrospective request for 3 month supply, shipping and handling: Electrodes x 12 packs, Batteries alkaline 9v #18, adhesive remover towel Mint #24, TENS (transcutaneous electrical nerve stimulation) lead wire#2, and Extension -purchase (DOS: 2/18/14) , noting the injured worker has neuropathy and chronic pain, and a prior trial of VQ TENS unit. There was lack of evidence of clinically significant response and actual decreased pain medication use. The California Medical Treatment Utilization Schedule (MTUS) guidelines for TENS, chronic pain (transcutaneous electrical nerve stimulation) and TENS, postoperative pain (transcutaneous electrical nerve stimulation) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

VQ STIMULATOR UNIT PURCHASE DOS 2.18.14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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 is a 69 year old male with an injury date of 03/15/08. Progress report dated 02/18/14, nor Request for Authorization form were provided for review. Based on the 02/11/14 progress report provided by treating physician, the patient complains of neck pain rated 1-2/10. The request is for VQ STIMULATOR UNIT PURCHASE DOS 2/18/2014. Patient's diagnosis on 02/18/14 includes cervical spondylosis, radiculopathy and pain, as well as back pain and depression. The patient is status post cervical epidural steroid injection on 08/26/13, with significant radicular pain relief. According to MTUS guidelines on the criteria for the 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 treater report dated 02/18/14, the patient "uses the TENS unit on a regular basis and he is able to reduce his Vicodin intake. He takes the Vicodin only when the pain is severe, typically 2-3 times per week... The medication and TENS unit enable patient to participate in activities of daily living including doing light housework." The patient cannot tolerate oral NSAIDs due to chronic heartburn. Treater is requesting TENS unit for non-pharmacologic pain control. However, the patient does not present with a diagnosis indicated for the use of TENS. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. This patient presents with neck and back musculoskeletal pain. Furthermore, there is no documentation of how often the unit was used, pain relief or goals. Therefore, the request IS NOT medically necessary.

3 MONTH SUPPLY, SHIPPING AND HANDLING; ELECTRODES X 12 PACKS, BATTERIES ALKALINE 9V #18, ADHESIVE REMOVER TOWEL MIN: 24; TENS LEAD WIRE #2;, EXTENSION - PURCHASE DOS 2.18.14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 is a 69 year old male with an injury date of 03/15/08. Progress report dated 02/18/14, nor Request for Authorization form were provided for review. Based on the 02/11/14 progress report provided by treating physician, the patient complains of neck pain rated 1-2/10. The request is for 3 MONTH SUPPLY, SHIPPING AND HANDLING;

ELECTRODES X12 PACKS, BATTERIES ALKALINE 9V #18, ADHESIVE REMOVER TOWEL MIN:24; TENS LEAD WIRE #2; EXTENSION -PURCHASE DOS 2/18/14. Patient's diagnosis on 02/18/14 includes cervical spondylosis, radiculopathy and pain, as well as back pain and depression. The patient is status post cervical epidural steroid injection on 08/26/13, with significant radicular pain relief. According to MTUS guidelines on the criteria for the 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 treater report dated 02/18/14, the patient "uses the TENS unit on a regular basis and he is able to reduce his Vicodin intake. He takes the Vicodin only when the pain is severe, typically 2-3 times per week. The medication and TENS unit enable patient to participate in activities of daily living including doing light housework." The patient cannot tolerate oral NSAIDs due to chronic heartburn. Treater is requesting TENS unit for non-pharmacologic pain control.However, the patient does not present with a diagnosis indicated for the use of TENS. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. This patient presents with neck and back musculoskeletal pain. Furthermore, there is no documentation of how often the unit was used, pain relief or goals. Therefore, the request IS NOT medically necessary.

30-day home rental extension of a VQ 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, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient is a 69 year old male with an injury date of 03/15/08. Progress report dated 02/18/14, nor Request for Authorization form were provided for review. Based on the 02/11/14 progress report provided by treating physician, the patient complains of neck pain rated 1-2/10. The request is for 30 DAY HOME RENTAL EXTENSION OF A VQ TENS UNIT. Patient's diagnosis on 02/18/14 includes cervical spondylosis, radiculopathy and pain, as well as back pain and depression. The patient is status post cervical epidural steroid injection on 08/26/13, with significant radicular pain relief. According to MTUS guidelines on the criteria for the 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 treater report dated 02/18/14, the patient "uses the TENS unit on a regular basis and he is able to reduce his Vicodin intake. He takes the Vicodin only when the pain is severe, typically 2-3 times per week. The medication and TENS unit enable patient to participate in activities of daily living including doing light housework." The patient cannot tolerate oral NSAIDs due to chronic heartburn. Treater is requesting TENS unit for non-pharmacologic pain control.However, the patient does not present with a diagnosis indicated for the use of TENS. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. This patient presents with neck and back musculoskeletal pain. Furthermore, there is no documentation of how often the unit was used,

pain relief or goals, and the request for extension is not inline with guideline indications. Therefore, the request IS NOT medically necessary.