

Case Number:	CM15-0002745		
Date Assigned:	01/13/2015	Date of Injury:	06/15/2004
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
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 67 year old male who sustained an industrial injury on 06/15/2004. He has reported neck and back pain. The diagnoses have included chronic intractable pain, cervicgia, cervical degenerative disc disease, cervical post laminectomy syndrome, cervical radiculitis and severe post-op cervical pain. Treatment to date has included oral pain medications and use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit that was reported in the progress notes of 10/22/2014 to give greater than 80% improvement in pain and function. The IW reported moderate improvement from the surgery. He had neck pain described as severe aching, sharp, squeezing and not spasmodic. Exacerbating factors include turning the head; relieving factors consist of analgesics, heat application, medication and rest. The IW is using Norco, Opana, and Opana ER for pain. He has also been using a TENS unit, and according to the utilization review (UR) report of 12/10/2014, refills of supplies were requested and approved in October 2014. The medical records include documentation of physician approval dated 11/20/2014 on an order for a GSM HD Combo with HAN (a handheld TENS unit with a pulse massager). The request for authorization (ROA) is not included in the medical records. On 12/10/2014 Utilization Review non-certified a GSM HD Combo with HAN, electrodes (8 pairs per month) and batteries 6 AAA per month) Cervical Spine, noting that TENS is not recommended as a primary treatment modality, and there is conflicting documentation of the pain level. The California Medical Treatment Utilization Schedule (CA MTUS) Chronic pain p 114-115 was cited. On 01/06/2015, the injured worker submitted an application for IMR

for review of the request for a GSM HD Combo with HAN, electrodes (8 pairs per month) and batteries 6 AAA per month).

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD Combo with HAN, electrodes (8 pairs per month) and batteries 6 AAA per month) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

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

Decision rationale: This patient presents with neck and back pain. The patient is status post neck surgery from October 2013. The treater is requesting GSM HD COMBO WITH HAN, ELECTRODES 8 PAIRS PER MONTH AND BATTERIES 6 AAA PER MONTH, CERVICAL SPINE. The RFA, date unknown, shows a request for GSM HD Combo with Han, electrodes 8 pairs per month and batteries 6 AAA per month, cervical spine. The patient's date of injury is from 06/15/2004 and his current work status is medically retired. This unit is a combination of TENS and muscle stimulation. 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 non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. For muscle stimulation, the MTUS Guidelines page 121 on neuromuscular electrical stimulation "NMES devices" states, "not recommended. NMES is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no intervention trials suggesting benefit from NMES for chronic pain." The records do not show a history of GSM HD Combo with Han unit use. The 10/22/2014 report notes that the patient has used TENS in the past with greater than 80% improvement in pain and function. The report making the request was not made available. In this case, MTUS does not recommend NMES for treatment of chronic pain. The request IS NOT medically necessary.