

Case Number:	CM15-0005446		
Date Assigned:	01/16/2015	Date of Injury:	03/15/2013
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/10/2015

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 35-year-old male who reported an injury on 03/15/2013. The injury reportedly occurred when he was offloading an 18 wheeler and the bottom half of a shopping cart fell from pallets above, striking him in the posterior head and neck. His past treatments included work restrictions, chiropractic treatment, medications, physical therapy, use of an H wave unit, use of a TENS unit, cognitive behavioral therapy, and participation in a home exercise program. The most recent clinical note provided for review was a 12/06/2014 psychological progress report. The injured worker's symptoms were noted to include pain in his head, rated 6/10. He also reported symptoms of depression and sleep disturbance. His medications were noted to include Tylenol, unspecified anxiety medication, and unspecified pain cream. Recommendation was made for continued cognitive behavioral therapy. A request was received for continued use of a TENS unit at home with electrodes for the cervical spine. However, the rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Continue TENS unit for home use with electrodes for cervical Spine: 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
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the California MTUS Guidelines, transcutaneous electrical nerve stimulation may be recommended for chronic intractable neuropathic pain of at least 3 months' duration when there is evidence that other appropriate pain modalities have been tried and failed. Additionally, documentation after a 1 month trial period of use of a TENS unit should include how often the unit was used and outcomes in terms of pain relief and function. Additionally, use of a TENS unit is only recommended as an adjunct to ongoing treatment modalities with a functional restoration approach. Furthermore, other ongoing pain treatments should be documented during the trial period of use. A treatment plan should include specific short and long term goals of treatment with the TENS unit. The clinical information submitted for review indicated that the injured worker had been using a TENS unit at home for over 1 year. However, detailed documentation following the initial trial of a TENS unit was not provided. There was also no documentation of a treatment plan to include specific short and long term goals of treatment with the TENS unit. Moreover, it is unclear whether the injured worker continues participation in an active treatment program with a functional restoration approach other than the documented cognitive behavioral therapy. In the absence of further details regarding the injured worker's prior use of a TENS unit and its efficacy, continued use is not supported. In addition, it is unclear why a request was submitted for continued use of a TENS unit as the documentation indicated he has been using it for over 1 year. Therefore, it is unclear whether he had previously purchased or rented the TENS unit. Moreover, a detailed evaluation of his symptoms and objective findings related to the cervical spine was not provided in order to assess the need for continued use of a home TENS unit. For the reasons noted above, the request is not medically necessary.