MAXIMUS Federal Services

Case Number:	CM15-0012024		
Date Assigned:	01/30/2015	Date of Injury:	07/20/2014
Decision Date:	03/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/22/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year old female sustained an industrial injury on 7/20/14, with subsequent neck, right ankle and right hand pain. Treatment included medications, heat, ice, physical therapy and chiropractic therapy. Magnetic resonance imaging cervical spine (1/20/15) showed disc herniation and protrusion. Electrodiagnostic study (12/16/14) showed bilateral carpal tunnel syndrome without evidence of cervical radiculopathy. In a PR-2 dated 12/30/14, the injured worker complained of constant neck pain 7/10 on the visual analog scale that improved with medications. Current diagnosis was cervical sprain/strain. Physical exam was remarkable for a significant decrease in range of motion to the cervical spine with lateral flexion, and cervical spine with tenderness to palpation on the right. The treatment plan included continuing medications (Diclofen, Omeprazole and Lexapro), home exercise, TENS, chiropractic therapy and scheduling acupuncture. On 1/21/15, Utilization Review noncertified a request for a TENS Unit Home Use, Purchase citing CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Home Use, Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. In this case, the claimant did not have the above diagnoses. The purchase of a TENS is beyond the length of time supported by the guidelines. The request for a TENS unit is not medically necessary.