

Case Number:	CM15-0013934		
Date Assigned:	02/02/2015	Date of Injury:	05/21/2013
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/23/2015

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:

The injured worker is a 60 year old male, who sustained an industrial injury on 5/21/2013. He has reported neck pain radiating to shoulder and elbow associated with headaches and low back pain with radiation to lower extremity. The diagnoses have included cervical strain and lumbar multilevel disc disease with left L5 radiculopathy. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, and epidural steroid injection. Currently, the IW complains of persistent pain in back, bilateral shoulders and hips, rating neck pain 9/10 and hip pain 4/10 associated with radiation of pain from low back to left leg. Physical examination from 12/10/14 documented decreased Range of Motion (ROM) of cervical spine, tenderness; positive shoulder depression, Spurling's, and cervical compression were all positive tests. The was decreased lumbar spine Range of Motion (ROM), and tenderness with positive Kemp's sign and straight leg test. Diagnoses included acute cervical strain, multilevel disc disease with neuroforaminal narrowing, lower extremity radiculopathy, and depression. The plan of care included continued psychological treatment, pain management consult, lumbar spine brace and further medication treatment. An MRI in 2013 indicated L5 radiculopathy. He has had prior epidural steroid injections and has used Norco for pain. On 12/31/2014 Utilization Review non-certified a Transcutaneous Electrical Nerve Stimulation (TENS) unit, noting the diagnosis was not established to support medical necessity. The MTUS Guidelines were cited. On 1/23/2015, the injured worker submitted an application for IMR for review of Transcutaneous Electrical Nerve Stimulation (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180, Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 1, 80.

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. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary.