

Case Number:	CM15-0016144		
Date Assigned:	02/04/2015	Date of Injury:	02/13/2001
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/28/2015

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, Arizona

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 54-year-old female who reported injury on 02/13/2001. Prior treatments included medications, trial of a TENS unit, and chiropractic treatment with benefit. The injured worker had utilized trigger point injections, ice, heat, rest, and exercise. The documentation indicated the home TENS unit helped decrease the pain and relaxed tight muscles. There was a Request for Authorization submitted for review dated 01/08/2015. The documentation of 12/24/2014 revealed the injured worker's medications included Lyrica 50 mg 1 in the morning and 2 at bedtime, Ultracet, and Zoloft as well as Lidoderm. The physician documented the injured worker would request a TENS unit for home use as it had been beneficial from out of the office. The injured worker was noted to have an MRI of the cervical spine. The injured worker underwent a cervical spine fusion. The diagnoses included cervical spinal stenosis at C3-4 and cervical degenerative disc disease, cervical spondylosis without myelopathy, chronic pain syndrome, and lumbago. The request was made for a TENS unit for home use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME TENS Unit for Home Use for The Neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence based ongoing treatment modalities within a functional restoration approach for chronic neuropathic pain. Additionally, they recommend that a treatment plan including the specific short and long term goals of the treatment with a TENS unit should be submitted. During the trial, there should be documentation of other ongoing pain treatment. The clinical documentation submitted for review indicated the injured worker found the unit beneficial. However, the objective functional benefit was not documented nor was the documentation of the long and short term goals of treatment with a TENS unit. The request as submitted failed to indicate whether the unit was for rental or purchase. Additionally, there was a lack of documentation indicating the TENS unit would be used as an adjunct therapy. Given the above, the request for DME TENS unit for home use for the neck is not medically necessary.