

Case Number:	CM15-0110805		
Date Assigned:	06/17/2015	Date of Injury:	07/29/2003
Decision Date:	07/21/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/09/2015

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, North Carolina
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 63 year old male, who sustained an industrial injury on 07/29/2003. The injured worker is currently diagnosed as having cervical spine discopathy. Treatment and diagnostics to date has included topical analgesics and opioid medications. In a progress note dated 01/29/2015, the injured worker presented with complaints of neck pain with mild radiculitis to upper extremities and rated pain 6 out of 10 on pain scale. Objective findings include cervical spasms with tenderness and decreased range of motion. The treating physician reported requesting authorization for Transcutaneous Electrical Nerve Stimulation Unit purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

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

Decision rationale: CA MTUS does not recommend TENS as a primary treatment modality. A one-month home-base trial may be considered if used as an adjunct to a functional restoration program. In this case, insufficient evidence of whether TENS is to be used as a stand alone treatment option or as an adjunct to a functional restoration program is presented. There is also no evidence of the required one month trial prior to purchase. Therefore the request is deemed not medically necessary or appropriate at this time.