MAXIMUS Federal Services

Case Number:	CM15-0128350		
Date Assigned:	07/15/2015	Date of Injury:	03/19/2015
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/03/2015

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: Preventive Medicine, Occupational Medicine

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 (IW) is a 43-year-old female who sustained an industrial injury on 03/19/2015. Diagnoses include cervical spondylosis without myelopathy and lumbosacral spondylosis without myelopathy. Treatment to date has included medication and chiropractic treatment. According to the Doctor's First Report of Occupational Injury or Illness dated 5/27/15, the IW reported constant neck pain rated 7/10 that radiated to her collar bone, with spasms, numbness and tingling radiating to her hands. She also complained of constant lumbar spine pain rated 7/10 with medications and 8/10 without medications radiating to her hip joints. On examination, there were severe spasms in the neck and back, decreased range of motion and decreased sensation. X-rays revealed C5-C6 disc space narrowing and positional scoliosis of the lumbar spine due to spasms. A request was made for four lead TENS (transcutaneous electrical nerve stimulation) unit with supplies for cervical and lumbar spine, unlisted length of use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit with supplies, for Cervical and Lumbar Spine, unlisted length of use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines

TENS (transcutaneous electrical nerve stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 177-119.

Decision rationale: Due to the uncertain benefits from TENS units, the MTUS Guidelines have very specific criteria to justify its long term use. Prior to purchase and long term use a 30 day rental and home trial is recommended. Only if the TENS unit trial meets Guideline criteria for objective benefits is purchase and longer term use recommended. These criteria have not been met. A 30 day home trial with detailed documentation of use, pain relief and functional changes does not accompany this request. The request for the TENS (transcutaneous electrical nerve stimulation) unit with supplies, for Cervical and Lumbar Spine, unlisted length of use is not supported by Guidelines and there are no unusual circumstances to support an exception to Guidelines. The TENS unit and supplies is not medically necessary.