

Case Number:	CM15-0170424		
Date Assigned:	09/10/2015	Date of Injury:	02/06/2015
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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, Hawaii
 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 46 year old female, who sustained an industrial injury on 2-6-15. She reported neck and shoulder pain. The injured worker was diagnosed as having cervical myofascial pain. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, and medication. Physical examination findings on 8-10-15 included tenderness in the cervical paraspinals and trapezii and there was 80% of normal range of motion in the cervical spine. Currently, the injured worker complains of cervical pain. On 8-10-15 the treating physician requested authorization for a TENS unit for home and additional physical therapy TENS evaluation and instruction x 6. On 8-19-15 additional physical therapy TENS evaluation and instruction x6 was modified to certify 1 visit; the utilization review physician noted "because this request is specifically for a TENS evaluation and instruction the request will be modified to a quantity of 1 as this would be more than adequate for this specified purpose." A TENS unit for home use was non-certified; the utilization review physician noted "a one month trial period of the TENS unit should be documented and rental would be preferred over purchase during this trial."

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use (indefinite use) Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The records indicate that the patient has ongoing neck and upper back pain. The current request for consideration is TENS unit for home use (indefinite use) qty: 1. The attending physician feels the patient should have a TENS unit for home use as she is permanent and stationary. The CA MTUS does not recommend TENS as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. TENS is recommended for neuropathic pain and CRPS. In this case, the records indicate the patient is having chronic myofascial pain. There is nothing to suggest the patient has neuropathic pain or CRPS. Furthermore, the CA MTUS does recommend a one-month home-based trial as an option. The current documentation and request are not consistent with CA MTUS guidelines and therefore the request is not medically necessary.

Additional physical therapy, TENS evaluation and instruction Qty :6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The records indicate that the patient has ongoing neck and upper back pain. The current request for consideration is Additional physical therapy, TENS evaluation and instruction QTY: 6 The CA MTUS does recommend physical therapy as an option for chronic pain. In this case, the records are unclear as to how much physical therapy the patient has received to date. There is nothing to suggest that the patient has suffered an acute exacerbation of her condition and would require an acute period of physical therapy. There is no discussion as to why the patient cannot perform fully independent home-based exercise. Furthermore, the request for TENS evaluation and instruction for six sessions is not consistent with CA MTUS guidelines. There is nothing in the medical records to discuss why the patient might need six sessions of instruction for a home TENS unit. As such, the combined requests are not medically necessary, as they are inconsistent with MTUS.