

Case Number:	CM15-0025443		
Date Assigned:	02/18/2015	Date of Injury:	07/06/2006
Decision Date:	04/03/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on July 6, 2006. The diagnoses have included status post cervical total disc replacement and anterior discectomy and fusion, bilateral shoulder internal derangement, carpal tunnel syndrome, lumbar discopathy with radiculitis. Treatment to date has included C3-C6 anterior cervical microdiscectomy, C4-C6 anterior cervical instrumentation, C4-C6 anterior cervical fusion and C3-C4 implantation of dynamic intervertebral implant, bilateral shoulder internal derangement, carpal tunnel syndrome, lumbar discopathy with radiculitis. Currently, the injured worker complains of severe pain in the cervical spine which is aggravated by repetitive motions of the neck. The pain is characterized as sharp and stabbing. There is radiation of pain to the upper extremities and associated headaches that are migrainous in nature. The injured worker reports that her pain is worsening and rates the pain an 8 on a 10-point scale. She reports constant thoracic spine pain which is aggravated by activity and described as throbbing in nature. She also reports constant low back pain which is rated a 7 on a 10 point scale and aggravated with activity. On examination, she has tenderness over the cervical spine, bilateral shoulders and wrists and lumbar spine. On February 3, 2015 Utilization Review non-certified a request for TENS unit for purchase, noting that there is limited documentation regarding the functional benefit of previous use of TENS and that the use of passive modalities at over eight years status post injury is not recommended. The California Medical Treatment Utilization Schedule was cited. On February 10, 2015, the injured worker submitted an application for IMR for review of TENS unit for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, p114 Page(s): 114, 121.

Decision rationale: In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore the requested TENS unit purchase was not medically necessary.