

Case Number:	CM15-0064046		
Date Assigned:	04/10/2015	Date of Injury:	07/14/2010
Decision Date:	05/18/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/03/2015

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: 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 52 year old male, who sustained an industrial injury on 7/14/2010. He reported injuries from a fall from a scissor lift. The injured worker was diagnosed as having cervical disc degeneration, cervical disc disorder with myelopathy and chronic pain syndrome. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, chiropractic care, acupuncture, cervical epidural steroid injection, psychiatric services, traction and medication management. In a progress note dated 2/12/2015, the injured worker complains of neck pain. The treating physician is requesting TENS (transcutaneous electrical nerve stimulation) unit rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

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

Decision rationale: This patient presents with chronic neck pain. The current request is for TENS UNIT RENTAL. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1 month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. The patient is status post cervical fusion from 2010. He currently presents with complaints of achiness around his neck and shoulder area. Sensory is decreased with paresthesia in the digits 1 and 3. Spurling's test and Adson's test are both positive bilaterally. The treating physician has not provided a rationale for the requested TENS unit. In this case, recommendation for a TENS unit cannot be supported as the treating physician has requested a TENS unit rental without specifying duration. When a TENS unit is indicated, a 30-day home trial is recommended first. The requested TENS unit IS NOT medically necessary.