

Case Number:	CM15-0066963		
Date Assigned:	04/14/2015	Date of Injury:	02/07/2005
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/08/2015

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 50 year old male, who sustained an industrial injury on 2/7/05. He reported pain in the neck and back related to a motor vehicle accident. The injured worker was diagnosed as having cervical myoligamentous injury with 3-4mm disc protrusions and bilateral upper extremity radiculopathy. Treatment to date has included a cervical MRI, physical therapy, an IF unit and pain medications. As of the PR2 dated 3/12/15, the injured worker reports ongoing neck pain with radicular symptoms in his left upper extremity. He has undergone ACDF at C4-C5 and C5-C6 on 10/16/14. He rates his pain at lowest 7/10 and at highest 9/10. The treating physician noted decreased range of motion with flexion and extension and numerous trigger points. The treating physician requested a 30 day rental of IF/TENSs combo unit for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day rental of IF/TENSs combo unit (cervical spine): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic intractable pain Page(s): 114-116. Decision based on Non-MTUS Citation neck and upper back chapter, Electrical muscle stimulation (EMS).

Decision rationale: The patient presents with ongoing neck pain with radicular symptoms in his left upper extremity. The request is for a 30 day rental of IF/TENS combo unit (cervical spine). The provided RFA is dated 03/12/15 and the patient's date of injury is 02/07/05. The diagnoses include cervical myoligamentous injury with 3-4mm disc protrusions and bilateral upper extremity radiculopathy. Per 03/12/15 report, physical examination of the posterior cervical spine revealed tenderness to palpation bilaterally with increase muscle rigidity. There are numerous trigger points which are palpable and tender throughout the cervical paraspinal muscles. There is decreased range of motion with both flexion and extension. Treatment to date has included a cervical MRI, physical therapy, an IF unit and pain medications. The patient is temporarily totally disabled. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p 114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter under Electrical muscle stimulation (EMS) states: "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions..... In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Per 03/12/15 report, treater states, "I am recommending a home interferential stimulation (IFC/TENS combo) unit for my patient, in accordance with MTUS..." The utilization review letter dated 03/24/15 states, "It should be noted the patient has already been using an interferential unit. There is no indication that utilization of the device has resulted in functional improvement." Furthermore, the request is for a dual unit which is not discussed or supported in any of the guidelines. Typically, TENS unit trial is recommended and if it fails, possibly other electrical units such as an interferential unit. The request does not meet guideline indications; therefore IF/TENS combo unit is not medically necessary.