MAXIMUS Federal Services

Case Number:	CM15-0097236		
Date Assigned:	05/27/2015	Date of Injury:	07/30/2012
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/20/2015

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 51 year old male, who sustained an industrial injury on July 30, 2012 while working as a warehouse manager. The mechanism of injury was a forklift accident. The injured worker was noted to have had a prior injury to the upper back. His current injury has made the upper back worse. The injured worker has been treated for neck, upper back and low back complaints. The diagnoses have included cervicalgia, chronic back pain, cervical spinal stenosis, cervical radiculopathy, lumbar strain, sciatica and lumbar and sacral osteoarthritis. Treatment to date has included medications, radiological studies, a transcutaneous electrical nerve stimulation unit and cervical spine surgery. The cervical spine surgery was not very helpful for the pain. Current documentation dated April 3, 2015 notes that the injured worker reported constant posterior neck pain with bilateral upper extremity pain. The pain was characterized as sharp and aching. The pain was rated a six out of ten on the visual analogue scale. Examination of the cervical spine revealed a well healed scar and increased pain with rotation and extension. The injured worker was noted to be using a transcutaneous electrical nerve stimulation unit five-six times per day with a twenty percent decrease in pain. The treating physician's plan of care included a request for a transcutaneous electrical nerve stimulation unit and supplies (months) # 99.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit & Supplies (months) QTY: 99: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS Unit & Supplies (months) QTY: 99 is not medically necessary and appropriate.