MAXIMUS Federal Services

Case Number:	CM13-0054298		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2011
Decision Date:	09/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/19/2013

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neurocritical Care and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male with a 1/27/11 date of injury, from an MVA. Diagnosis includes lumbar strain and cervical strain, closed head injury with auditory symptoms. Current medications include Hydrocodone, Omeprazole, and Nortriptyline. 1/8/14 EMG/NCV studies revealed left sided lumbar radiculopathy, involving the nerve root, would appear to be L5. 1/2/14 Progress note described continued headaches, which are management by medications. Neurologist evaluation and follow-up were requested. 11/26/13 QME concluded that future medical care was indicated for the cervical spine, but not for the lumbar spine. Medications, PT, and possibly injections were recommended. Treatment to date ha included PT, activity modification, and cervical ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (transcutaneous electrical nerve stimulation) unit purchase (cervical): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114.

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

Decision rationale: Medical necessity for the requested TENS unit purchase is not established. CA MTUS states that prior to purchase of a TENS unit, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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 and that other ongoing pain treatment should also be documented during the trial period including medication. Although multiple treatments have been discussed, there is no discussion regarding efficacy of a one month trial with a TENS unit that proved efficacious. Given the above the request is not medically necessary.