

Case Number:	CM14-0156273		
Date Assigned:	09/25/2014	Date of Injury:	11/13/2008
Decision Date:	11/05/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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 Physical Medicine and Rehabilitation 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 63-year-old female who reported a work related injury on 11/13/2008. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of cervical spine osteoarthritis and cervical thoracic disorder. The past treatment was noted to include medication management, home therapy, TENS unit, and physical therapy. Her diagnostic studies were noted to include an x-ray of the cervical spine dated 02/11/2014 which revealed extensive osteophytosis with flowing ossification in the mid to lower cervical spine suggesting diffuse idiopathic skeletal hyperostosis. There was anterior subluxation of C2 and slightly at C7 with slight retrolisthesis of C4 with some movement instability identified at C2 and C3 during flexion and extension. There was disc degeneration and considerable disc space narrowing in the mid to lower cervical spine. Surgical history was not provided for review. Upon the most recent clinical examination dated 09/11/2014, the injured worker complained of neck pain. She was noted to have chronic neck pain following a motor vehicle accident. Physical therapy was noted to not help in pain relief. A TENS unit was not yet approved for the neck pain. Upon physical examination it was noted that range of motion was reduced in all planes and upper extremity reflexes were noted to be 2+ and symmetric throughout. It was noted that the injured worker had tenderness to palpation of the left paracervical and superior trapezius. The injured worker's prescribed medications were noted to include Norco and Robaxin. The treatment plan consisted of 9 acupuncture treatments for chronic neck pain. The rationale for the request was physical therapy was not helping her and she continued with medication and home therapy. A Request for Authorization form was not submitted for review.

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 Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117.

Decision rationale: The request for a TENS unit for purchase is not medically necessary. The California MTUS state that a transcutaneous electrical nerve stimulation unit is not recommended as a primary treatment modality, but as a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. Criteria for the use of a TENS unit is noted to be documentation of pain at least 3 months duration; evidence that other appropriate pain modalities have been tried and failed; a 1 month trial period of a TENS unit should be documented with documentation of how often it was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatments should be also documented during the trial period including medication usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The injured worker was noted that he complained of chronic neck pain. Upon physical examination it was noted that the cervical spine range of motion was reduced in all planes. Reflexes were 2+ and symmetric throughout the upper extremities. However, there was tenderness to palpation over the paracervical and superior trap. It was noted that the injured worker had responded well to previous physical therapy visits and physical therapy. The request was for the use of a TENS unit at home. However, within the documentation submitted for review, there was a lack of documentation that other appropriate pain modalities have been tried and failed. There was a lack documentation of a 1 month trial of a TENS unit with documentation of how the unit was used, decreased pain relief, decreased medication use, and objective functional information. As the injured worker may benefit from the use of a TENS unit, the lack of documentation of a 1 month trial of a TENS unit was not provided. The request for a TENS unit is not medically necessary.