

Case Number:	CM13-0005197		
Date Assigned:	07/02/2014	Date of Injury:	01/22/2013
Decision Date:	07/30/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	07/31/2013

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 Occupational Medicine 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:

Injured worker is a male with date of injury 1/22/2013. Per doctor's first report of occupational injury or illness dated 6/7/2013, the injured worker complains of low back pain, pain and tingling throughout both lower extremities, mid back pain, neck pain, pain in both knees, sleep disturbance resulting from chronic pain within these injured body parts, psychological symptoms including depression and anxiety resulting from his debilitated state. On examination there is decreased range of motion of the cervical spine and lumbar spine. Muscular guarding is present throughout the paracervical, parathoracic and pralumbar musculature. Positive orthopedic tests include cervical foraminal compression, Jackson compression, Soto-Hall, Kemp's Milgram's Minor's Lasegue's. Palpation of the bilateral knees elicits pain and tenderness to the patient. Diagnoses include 1) cervical strain 2) thoracic strain 3) lumbar strain, rule out disc herniation 4) lumbosacral radiculitis 5) strain-bilateral knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDS Stim 2xs a day for 20-30 minutes to down pain and swelling, up rom and circulation: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommended the use of TENS as a primary treatment modality, however, a month month trial may be considered in the treatment of chronic pain as an adjunct treatment modality. The injured worker does not meet the criteria established in these guidelines for a one month trial of a TENS unit. This guidelines recommend the TENS being used as an adjunct to treatment modalities within a functional restoration approach. Continued use of the TENS would require documentation of the treatment modalities being utilized, how often the TENS unit was used, as well as outcomes including pain relief and function, other pain treatments including medication use, and a treatment plan for the use of the TENS unit. This request also does not include a duration of treatment desired. The request for Meds Stim 2Xs a day for 20-30 minutes to down pain and swelling, up ROM and circulation is not medically necessary.