

Case Number:	CM13-0015915		
Date Assigned:	11/06/2013	Date of Injury:	08/21/1998
Decision Date:	02/18/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and Pulmonary Diseases 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 physician 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 injured worker who reported an injury on 08/21/1998. The mechanism of injury is provided as repetitive work. The most recent and only clinical documentation provided in the medical record dated 11/08/2012 reported the patient complained of persistent pain in their neck. The patient had decreased range of motion of the cervical spine and their speech was slurred. The patient's diagnoses were chronic neck pain with history of C5-6 cervical fusion on 09/07/1999, history of laryngeal nerve injury with voice problems, obesity with significant weight gain since industrial injury, pain in the thoracic spine, right carpal tunnel syndrome, right cubital tunnel syndrome, and a nonindustrial right hemispheric stroke in 2012. The patient was prescribed Voltaren gel to be used for their neck pain and acupuncture treatments were requested at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transcutaneous Electrical Nerve Stimulation Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of TENS is documentation of pain of at least 3 months duration, there is evidence that other appropriate pain modalities have been tried and failed, and then there is a 1 month trial period of TENS unit that should be documented and done with ongoing treatment modalities within a functional restoration approach. There is no clinical documentation of pain for the past 3 months for the patient, there is no evidence that the patient had tried any other pain modalities and they had failed, and there is no documentation provided in the medical record of the patient trying the TENS unit for the 1 month trial period. The request for 1 transcutaneous electrical nerve stimulation unit is not medically necessary and appropriate.