MAXIMUS Federal Services

Case Number:	CM13-0021629		
Date Assigned:	11/13/2013	Date of Injury:	12/19/2011
Decision Date:	02/28/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 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 reported a date of injury 12/19/2011. He has been under the care of [redacted] since 10/11/2012. [redacted] assigned an initial diagnosis of discogenic cervical condition with radicular component down his right upper extremity with absent biceps and triceps reflex on the right. According to [redacted] records the patient has been performing his regular duty, but complains of regular flare-ups of right neck pain radiating down the right arm to the fourth and fifth fingers depending how upon his activities at work. An EMG/NCS of the right upper extremity done in January 2012 shows a C8 radiculopathy which corresponds with the patient's subjective complaints. Examination of the medical record reveals that the patient has been compliant with all treatments and has apparently not received any temporary total disability over the course of the last year. The patient partakes in a home exercise program which has been designed to help alleviate his pain from flare-ups due to increased work activity. In addition, he has had several courses of physical therapy which have been reported to be helpful. During his therapy visits he was treated with a TENS unit with good results. Although rental of a TENS unit was apparently authorized in March of 2013, the patient did not receive it.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As mentioned in the summary, the patient regularly engages in a home exercise program to mitigate flare-ups due to increased work activity. He has tried other pain modalities with variable results; physical therapy has been helpful however. During his therapy visits he was treated with a TENS unit with good results. Although rental of a TENS unit was apparently authorized in March of 2013, the patient did not receive it. It is unclear why the patient was not provided with the previously-authorized TENS unit for trial. I believe the patient has met the criteria for the use of a TENS unit outlined on page 116 of the California MTUS guidelines. The previous denials seem to have been based on the fact that the patient never had a formal thirty-day trial of a TENS unit at home. There's adequate documentation in the medical record that he has had good results while being treated with a TENS unit in physical therapy. I am reversing the prior UR decision and recommending authorization for purchase of a TENS unit.