

Case Number:	CM13-0023898		
Date Assigned:	07/02/2014	Date of Injury:	07/16/2009
Decision Date:	07/31/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/12/2013

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 Internal 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:

Progress Report 8/29/2013 documented diagnoses: thoracic sprain, lumbar sprain, pain in thoracic spine. Date of Injury was 7/16/2009. Physical examination was documented. No trigger points or spasm appreciated, spasm noted over the right thoracic region, but no neck pain elicited. Patient has 5/5 strength in deltoids, biceps, triceps, wrist flexors/extensors, and grip bilaterally. Normal palpation of the bony posterior spinous processes, the sacral spine, iliac crest, posterior iliac spine and coccyx without soft tissue abnormality; Full active and passive ROM in lumbar flexion, extension, lateral flexion and rotation. Full ROM noted of all major joints of both lower extremities. Strength is 5/5 of the quadriceps, anterior tibialis, EHL and gastrocs. Coordination is grossly intact. Sensation is intact to light touch and pinprick in all dermatomes tested of both lower extremities. Patellar and Achilles reflexes were 2/4 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT 30 DAY TRIAL QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183, Table 8-8, 173-174.

Decision rationale: MTUS and ACOEM guidelines do not recommend TENS for neck, upper back, and low back conditions. The patient suffers from conditions that affect these areas. Therefore, the request for TENS unit 30 day trial is not medically necessary.