

Case Number:	CM13-0032036		
Date Assigned:	12/04/2013	Date of Injury:	04/23/2012
Decision Date:	08/20/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/04/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 35-year-old male with a reported an injury on 04/23/2012. The mechanism of injury was the injured worker was struck by a falling object. The injured worker had an examination on 03/17/2014 with com complaints of pain to both sides of the face and blurry vision with ringing in the ears. He rated his pain at a 6/10. He did have a nasal surgical repair on 05/14/2012. The injured worker was to do home exercise daily, to increase walking distance and stretch afterwards. The injured worker had a previous examination on 10/29/2013 regarding a re-evaluation of his history of a nasal fracture, cervical myofascial pain and history of a concussion. The injured worker described his pain as sharp and located to his head, nose, ears, upper back and neck. The injured worker complained of throbbing headaches on a daily basis. The injured worker was doing exercises and stretches at home and was walking for exercise. It was noted that the injured worker had a TENS unit previously which was very helpful; however, the requesting physician did not provide detailed information. The injured worker was previously treated with physical therapy; however, there was not detailed information regarding the therapy provided. The injured worker's medication list consisted of baclofen, meloxicam, Norco. The injured worker was diagnosed with tension headache, and pain in or around the eye. The recommended plan of treatment was to continue the home exercise program and to walk for exercise as tolerated to continue his medications as directed. The physician requested physical therapy sessions, and an ophthalmology consult. The Request for Authorization and the rationale for the request were not provided.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

Decision rationale: The request for the TENS unit 30 day trial is not medically necessary. The injured worker has complaints of his head, nose, ears, upper back and neck. He is doing home exercise program, walking and stretches. The injured worker participated in physical therapy previously. The California MTUS Guidelines note TENS is not recommended as a primary treatment modality, but a one-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. It is noted the injured worker previously utilized a TENS unit and it was noted to have been beneficial; however, the requesting physician did not provide detailed documentation pertaining to the efficacy of the unit as well as the usage of the unit. Within the provided documentation the setting in which the unit was used is unclear. There is a lack of documentation indicating the injured worker has significant functional deficits. Additionally, the submitted request does not indicate the site at which the TENS unit is to be used. Therefore, the request for the TENS unit 30 day trial is not medically necessary.