

Case Number:	CM13-0035561		
Date Assigned:	12/13/2013	Date of Injury:	03/19/2012
Decision Date:	02/11/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 41 year old female with a date of injury of 03/19/2012. UR letter dated 10/01/2013 recommends denial of 20 electrical stimulator supplies 2 lead, stating necessary additional information required to render decision was not provided upon request. UR indicates that there are two reports dated 12/20/2012 and 12/13/2012. Reports indicate patient has diagnoses of cervical radiculopathy, thoracic myospasm and bilateral rotator cuff injury. The most recent PR provided for review dates 06/18/2013 reports states patient complains of cervical and thoracic pain that is described as constant, moderate, dull, and achy. Right shoulder complaints included intermittent, moderate, dull pain that is achy and sharp with stiffness and weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 electrical stimulator supplies, 2 lead, per month: Upheld

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.

Decision rationale: This patient has diagnoses of cervical radiculopathy, thoracic myospasm and bilateral rotator cuff injury. Per MTUS guidelines, TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality. It is considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, Multiple Sclerosis and post-operative pain. Medical records provided for review dating 6/18/2013 to 12/11/2012 do not how often this unit is being used, with what effectiveness and functional improvement. There is also lack of discussion as to why 20 stimulator supplies are needed. MTUS requires "documentation of how often the unit was used, as well as outcomes in terms of pain relief and function." Recommendation is for denial.