

Case Number:	CM13-0041873		
Date Assigned:	12/20/2013	Date of Injury:	10/01/2012
Decision Date:	04/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Medicine, has a subspecialty in Preventive 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:

Female claimant sustained a work injury on 10/1/12 involving the shoulder. She had developed myofascial pain radiating to the neck and spinal regions. Her pain was managed with muscle relaxants. An exam note on 7/22/13 indicated her pain was 5/10 with medications and a TENS unit was helpful. At the time she had also be undergoing physical therapy and was able to lift, carry, push and pull up to 10 lbs. A progress note on 9/30/13 noted 6/10 pain with medication, pain with activities, difficulty sleeping and continued limitation in weight lifting. Skelaxin continued to be helpful. On 10/1/13, the treating physician requested continuation of TENS unit and supplies for electrodes due to functional improvement with transcutaneous electrical nerve stimulation (TENS) The Final Determination was based on decisions for the disputed items/services set forth below:

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENSION TRANSCUTANEOUS ELECTRIC NERVE STIMULATION: 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 TENS Page(s): 114.

Decision rationale: In this case, the claimant had used TENS for a month with no change in pain score or objective functional improvement. Furthermore, there is no evidence of benefit of TENS for long term use. The claimant also does not have any of the diagnoses above. The continued use of TENS is not medically necessary.