

Case Number:	CM13-0049085		
Date Assigned:	12/27/2013	Date of Injury:	01/29/2007
Decision Date:	03/10/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/07/2013

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 Family Medicine and is licensed to practice in Texas. 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 46-year-old female who reported a work-related injury on 01/29/2007. The patient was diagnosed with neck pain, low back pain, left extremity pain, headaches, status post blunt head and shoulder trauma, a sleep disorder, and a seizure disorder. The patient had undergone conservative treatment to include ongoing stretching exercises, physical therapy, NSAIDs, and muscle relaxants. The patient had also undergone trigger point injections, Botox injections, and a spinal cord stimulator trial. Request has been made for a 1 month home-based trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home based trial of a TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Section Page(s): 114-117.

Decision rationale: Recent clinical documentation stated the patient had Botox injections for her headaches which gave her some relief. It was noted the patient remained depressed and anxious due to her significant functional limitations. Physical exam of the cervical spine revealed

tenderness along the posterior cervical musculature on the left with point tenderness in the suboccipital regions. There was a well-healed left brachial plexus decompression scar with positive Tinel's signs at the supraclavicular and infraclavicular areas on the left. Tenderness to palpation was noted on examination of the left shoulder. No subluxation was appreciated. Shoulder abduction in flexion was limited to about 80 degrees of active range of motion and decreased range of motion of internal and external rotation of about 50 degrees. There was mild guarding and obvious swelling of the left upper trapezius muscle in the supraclavicular area when compared to the right. It was noted the patient continued to have ongoing and debilitating pain in her neck with headaches, as well as left upper extremity pain and numbness. The patient received a right shoulder intra-articular corticosteroid injection. A TENS unit was also requested for the patient for a 1 month home-based trial. California Medical Treatment Guidelines state transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered if it is used as an adjunct to a program of evidence-based functional restoration. The patient was not noted to be undergoing a Functional Restoration Program to include physical therapy or home exercise. TENS units are not recommended for independent use per guideline criteria. Therefore, the decision for a 1 month home-based trial with a TENS unit is non-certified.