

Case Number:	CM13-0051892		
Date Assigned:	12/27/2013	Date of Injury:	04/26/1999
Decision Date:	03/20/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/15/2013

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 & Rehabilitation 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 56 year old male who reported an injury on 04/26/1999. The 04/01/2013 office note from [REDACTED] indicated the patient complained of neck and upper back pain rated at an 8/10. The note reported decreased cervical range of motion with hypertonicity over the neck and upper back and positive Spurling's test. The patient was given massage, acupuncture and cryotherapy treatments. On the following 04/05/2013 visit, his pain was reported as 4/10 to the neck and 2/10 to the upper back. The patient was seen on 07/19/2013 by [REDACTED] for complaints of neck pain radiating to the arm and sometimes to the left hand. The report indicated his pain was down by 30% with a combination of acupuncture, massage, medication, and physical therapy and the disruption of treatment had aggravated the symptoms. The following visit on 09/24/2013 indicated his neck pain was radiating to both shoulders and ranged from 3-5/10. It was indicated he had been taking his medications and using the transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A TENS unit patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous Electrotherapy Page(s): 116.

Decision rationale: CA MTUS guidelines state a one-month trial period of the TENS unit should be documented, with how often the unit was used, as well as outcomes in terms of pain relief and function. Also, other ongoing pain treatment should also be documented during the trial period, including medication usage, treatment plan including the specific short and long-term goals of treatment with the TENS unit. The medical records submitted did not provide documentation of the patient's use of the TENS unit, including how often the unit was used and outcomes of pain relief and function. Additionally, the patient's medication usage during the period and treatment goals were not provided. As such, the request is non-certified.