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| Case Number: | CM13-0053843 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/10/2013 |
| Decision Date: | 03/18/2014 | UR Denial Date: | 10/30/2013 |
| Priority: | Standard | Application Received: | 11/18/2013 |

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, and is licensed to practice in Illinois. 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 47-year-old female who reported an injury on 5/10/13. The mechanism of injury was slipping and falling. The patient was prescribed medication and was asked to participate in chiropractic treatment, as well as physical therapy. The patient was noted to have tenderness bilaterally and hypertonicity on the right of the lumbar paraspinal muscles and quadratus lumborum upon palpation. The Kemp's test was positive bilaterally. The straight leg raise test was positive on the right at 70 degrees for pain radiating down the posterior aspect of the right thigh. Sensation was noted to be decreased in S1 nerve distribution on the right side and normal on the left. Muscle strength was 4/5 in the S1 nerve roots on the right side. Palpation of the biceps revealed tenderness. The Cozen's and Tinel's radial tests were noted to be positive. The patient's diagnoses included right arm pain rule out radial tunnel syndrome versus carpal tunnel syndrome, chronic wrist pain, and chronic lumbar strain with lower extremity radicular pain rule out disc herniation. It was indicated the patient had continued significant neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for a 30 day rental of a TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115-116.

Decision rationale: The California MTUS recommends a one-month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated that the patient had neuropathic pain. The patient trialed medications, chiropractic treatment, and therapy; however, there was a lack of documentation indicating the patient's objective response to them to indicate whether the prior treatments failed. Given the above, the request is not medically necessary.