

Case Number:	CM13-0056719		
Date Assigned:	12/30/2013	Date of Injury:	09/19/2012
Decision Date:	04/02/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/22/2013

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 Practice 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 31 year old male who reported an injury on 09/09/2012 due to a motor vehicle accident that reportedly caused injury to the patient's head, neck, chest, bilateral shoulders, bilateral hands, low back and bilateral legs. The patient's treatment history included medications, physical therapy, and activity modifications. The patient underwent an MRI in 06/2013 that documented mild multilevel degenerative bone and disc changes without evidence of nerve root impingement. The patient underwent and electrodiagnostic study in 07/2013 that documented the patient did not have any evidence of radiculopathy or neuropathy. The patient's most recent clinical evaluation documented the patient had intermittent pain complaints of the bilateral shoulders and continuous pain complaints of the lumbar spine. It was noted that the patient had restricted range of motion secondary to pain to the lumbar spine and restricted range of motion of the bilateral shoulders secondary to pain due to repetitive activity. The patient's diagnoses included cervical strain, left shoulder strain, and lumbar strain with disc herniation. The patient's treatment plan included a 1 month home based trial of a TENS unit and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

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

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

Decision rationale: The requested TENS unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends a TENS unit as an adjunct therapy to active therapy. The clinical documentation submitted for review does indicate that the patient has previously participated in physical therapy. However, there is no indication that the patient is currently participating in a home exercise program that would benefit from an adjunct treatment such as a TENS unit. Additionally, the use of a TENS unit is suggested for patients who have chronic intractable pain that have not responded to other appropriate pain relieving treatments. The clinical documentation does indicate that the patient has had extensive physical therapy that has failed to resolve the patient's symptoms. However, the patient has ongoing medication usage that has been providing effective pain control and allowing the patient to participate in usual activities. As such, the requested TENS unit is not medically necessary or appropriate.