

Case Number:	CM13-0059476		
Date Assigned:	12/30/2013	Date of Injury:	05/02/2013
Decision Date:	04/30/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational 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:

Patient is a 41 year-old male with date of injury 5/02/2013. The most current medical record, a primary treating physician's progress report, dated 11/18/2013, lists subjective complaints as neck pain and stiffness and finger numbness. He claims he had stiffness along the left side of his neck with associated numbness along the first two digits of his left hand. He has found the physical therapy to be helpful. Objective findings: Examination of the cervical spine revealed full range of motion and mild myofascial spasms. Patient has multilevel disc protrusions that are left paracentral, most notable along the C3 down to C7 levels. Radicular symptoms were also noted. Deep tendon reflexes were blunted and decreased at 2/4 along the left biceps and triceps tendon. At the time of the evaluation just prior to a request for a TENS unit, the patient rated his neck pain and a 1/10 in intensity, and has not yet started physical therapy. He was working regular duty at that time. Diagnosis: 1. Multilevel disc protrusions at C3-C7, up to 5mm in AP diameter 2. Radicular symptoms 3. Myofascial spasm

IMR ISSUES, DECISIONS AND RATIONALES

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

A dual channel TENS unit with supplies: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state criteria for use of a TENS unit include chronic intractable pain and documentation of pain for at least 3 months; in addition, other appropriate pain modalities should have been tried and failed. The patient's documented pain level at the time of the request for a TENS unit was 1/10, and he had not yet started physical therapy. A dual channel TENS IS not medically necessary.