

Case Number:	CM13-0063146		
Date Assigned:	12/30/2013	Date of Injury:	04/02/2003
Decision Date:	06/24/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal 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:

The injured worker is a 42 year old female whose date of injury is 04/02/2003. The mechanism of injury is not described. Follow-up note dated 10/08/13 indicates the injured worker's chief complaint is increasing pain across the neck, numbness in both hands right greater than left, and posterior scapular pain. On physical examination of the cervical spine there is spasm, pain and decreased range of motion. There is facet tenderness. There is a healed scar anteriorly. Radiculopathy on the right at C6-7 is documented. There is decreased sensation on the right at C5-7. There is tenderness to palpation over the right cervicotrachezial ridge. Diagnoses are listed as cervical radiculopathy C7-8 distribution, and status post cervical fusion C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE WITH 2-MONTH SUPPLY OF ELECTRODES, BATTERIES AND LEAD WIRES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 116.

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

Decision rationale: Based on the clinical information provided, the request for TENS unit purchase with two month supply of electrodes, batteries and lead wires is not recommended as medically necessary. There is no indication that the injured worker has undergone a successful trial of TENS to establish efficacy of treatment as required by CA MTUS guidelines. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no specific, time-limited treatment goals provided. The request is not medically necessary and appropriate.