

Case Number:	CM13-0069683		
Date Assigned:	03/03/2014	Date of Injury:	06/21/2013
Decision Date:	08/04/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Maryland. Neuromuscular Medicine and is licensed to practice in 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 patient is a 59 year old with a work injury dated 6/21/13. On this date he suffered a neck,back, shoulder and knee injury while unloading a trailer. His diagnosis includes musculoligamentous sprain/strain of the cervical and lumbosacral spine; right shoulder tendinitis; cervical and lumbar degenerative disc disease.Under consideration is a request for Tens unit purchase with one year of supplies for the lumbar spine and right shoulder. There is a document dated 2/3/14 that states that while the patient feels that he has received improvement with meds, chiropractic, manipulation and treatment he continues to experience pain most of the time which is not as intense. The pain goes into the right greater than the left upper extremities. The right palmar surface is numb. He has lumbar spine pain that radiates to his knees. On exam his posture is normal. There is residual tenderness to palpation with associated muscle guarding affecting the right greater than left with spasm and of the right upper trap bundles and parascapular muscles. The cervical spine range of motion is decreased secondary to pain and stiffness. The right shoulder reveals tenderness to palpation around the capsules and bicipital groove, AC and glenohumeral joint, right supraspinatus and subscapularis. There is asymmetrical range of motion due to pain. The supraspinatus and Neer test were positive. The treatment plan states that the patient completed clinic trial of TENS that reportedly helped his pain. There is a request for a home TENS Unit for prn pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE WITH ONE YEAR OF SUPPLIES FOR THE LUMBAR SPINE AND RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this time. The documentation submitted does not reveal the documentation of use and outcomes recommended prior to having a purchase of a TENS unit. MTUS Guidelines recommend TENS as an adjunct to a program of evidence-based functional restoration. Additionally, there should be a treatment plan including the specific short- and long-term goals of treatment with the TENS unit documented. The above documentation does not submit evidence of a treatment plan or an ongoing documented program of evidence based functional restoration. The request for Tens unit purchase with one year of supplies for the lumbar spine and right shoulder is not medically necessary.