

Case Number:	CM14-0001810		
Date Assigned:	01/22/2014	Date of Injury:	05/11/2007
Decision Date:	04/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/06/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 39-year-old female with date of injury of 05/11/2007. The listed diagnoses per [REDACTED] dated 11/20/2013 are: 1. Left shoulder clavicular osteoarthropathy 2. Right shoulder pain, lesser severity 3. Protrusion C5-C6 with neural encroachment and radiculopathy, refractory 4. Cervical spondylosis According to the progress report by [REDACTED], the patient complains of left shoulder, right shoulder, and cervical pain with left upper extremity symptoms. He rates his pain on the left shoulder a 7/10, 6/10 for the right shoulder, and 5/10 for the cervical spine. The patient states that medications help her perform her activities of daily living including light household duty, shopping for groceries, grooming, and cooking. She is currently taking hydrocodone and NSAIDs as well as cyclobenzaprine. The examination shows there is tenderness to the right shoulder and left shoulder, anterior aspect of the AC. Spasm of the cervical trapezius/deltoid tie-in is decreased. The treater is requesting a 60-day TENS unit trial to facilitate diminution in pain and spasm and facilitate medication tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL FOR TENS UNIT FOR 60 DAY TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic bilateral shoulder pain and cervical pain. The treater is requesting 60-day trial of a TENS unit. The utilization review denied the request stating, "this case is 6 years post injury with no documentation indicating previous use of a TENS unit." The MTUS Guidelines page 114 to 116 on TENS unit states, "not recommended as a primary treatment modality but a 1 month home-based TENS trial may be considered as a non-invasive conservative option if use as an adjunct to a program of evidence-based functional restoration". The progress report dated 11/20/2013 documents that the patient recalls TENS unit was efficacious previously at physical therapy. No other details were provided. Records show that the patient has been utilizing medications with significant relief. MTUS page 116 does require evidence of failed appropriate pain modalities for a TENS unit trial. In this case, the patient has tried and failed first-line interventions to manage her pain. Given the patient's persistent shoulder and neck pain, a trial of a TENS unit is reasonable. However, the request is for 60 days, rather than 30-days allowed by MTUS. Therefore, recommendation is for denial.