

Case Number:	CM14-0002808		
Date Assigned:	04/04/2014	Date of Injury:	03/01/2013
Decision Date:	05/06/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/08/2014

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 and is licensed to practice in Illinois. 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 51-year-old male who reported an injury on 03/10/2013. The mechanism of injury was not provided for review. The injured worker's treatment history included chiropractic care, myofascial release, and medications. The injured worker was evaluated on 12/31/2013. Physical findings included positive straight leg raising test at 15 degrees bilaterally with a positive left-sided sciatic tension test and tenderness to palpation along the paraspinal musculature of the lumbar spine. It was also documented that the injured worker had limited lumbar range of motion secondary to pain. The injured worker's diagnoses included cervical sprain, displacement of cervical intervertebral disc without myelopathy, cervicalgia, lumbar sprain, and displacement of a lumbar intervertebral disc without myelopathy, sprain of the left shoulder and upper arm, and pain in joint involving the shoulder region. The injured worker's treatment plan included a TENS unit, infrared therapy, myofascial release, and continuation of chiropractic care. A justification for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS/EMS UNIT FOR ONE MONTH TRIAL: 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); CRITERIA FOR THE USE OF TENS;.

Decision rationale: The requested TENS/EMS unit for a 1 month trial is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of a TENS unit as an adjunct treatment for injured workers with uncontrolled pain participating in an active therapy program. The clinical documentation submitted for review does not provide any evidence that the injured worker is participating in any active therapy. The injured worker's most recent evaluation documented that the injured worker is being treated with chiropractic care and myofascial release. Neither of these treatments is considered active modalities. Additionally, the request includes an EMS unit. It is unclear what type of electro muscular stimulation unit is being requested. However, electro muscular stimulation units are not generally recommended by California Medical Treatment Utilization Schedule, as they are primarily used in the rehabilitation of stroke patients and not beneficial in the management of chronic pain. As such, the requested TENS/EMS unit for 1 month trial is not medically necessary or appropriate.