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| Case Number: | CM14-0106426 | | |
| Date Assigned: | 09/24/2014 | Date of Injury: | 10/07/2008 |
| Decision Date: | 11/24/2014 | UR Denial Date: | 06/30/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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 and 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 25-year-old female with an injury date of 10/07/2008. Based on the 05/13/2014 progress report, the patient complains of having neck pain, lower back pain, as well as stress, anxiety, and depression. She rates her neck pain as a 6/10 and this pain is associated with numbness and tingling of the bilateral upper extremities. In regards to the lower back pain, the patient rates her pain as a 10/10 and describes his pain as being constant, moderate to severe. Her lower back pain radiates to her right hip and down the right leg and is associated with numbness and tingling of the bilateral lower extremities. Her lower back pain is aggravated by activities of daily living such as getting dressed and performing personal hygiene. She feels depressed due to her inability to work and performed the normal day-to-day task she used to do. She also has difficulty sleeping due to the uncertainty about the future of her career. The patient has tenderness to palpation at the said occipital region as well as over both scalene and trapezius muscle of her cervical spine. Sensation to pinprick and light touch is diminished over C5, C6, C7, C8, and T1 dermatomes in the bilateral upper extremities. In regards to the lumbar spine, the patient has palpable tenderness at the lumbar paraspinal muscles and over the lumbosacral junction. Straight leg raise is positive on both the right and left side. Slightly decreased sensation to pinprick and light touch at L4, L5, and S1 dermatomes bilaterally. The patient's diagnoses include the following: 1. Cervical spine pain.2. Cervical spine sprain/strain, R/O HNP.3. R/O cervical radiculopathy.4. Lumbar spine pain.5. Lumbar spine sprain/strain, R/O HNP.6. R/O lumbar radiculopathy.7. Anxiety disorder.8. Mood disorder.9. Sleep disorder.10. Stress.The utilization review determination being challenged is dated 06/30/2014. There is 1 treatment report provided from 05/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for Neck and Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 116.

Decision rationale: According to the 05/13/2014 progress report, the patient complains of having neck pain, lower back pain, stress, and anxiety. The request is for TENS unit for the neck and back. MTUS Guidelines pages 116 states, "a 1-month trial of a TENS unit should be documented (as an adjunct to ongoing treatment modalities with any 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 trial." Review of the report showed the patient has not yet used a TENS unit and has not had a 1-month trial. There is no discussion provided as to any goals that may be accomplished with the TENS unit. The request is not medically necessary.