

Case Number:	CM14-0016167		
Date Assigned:	06/13/2014	Date of Injury:	08/23/2013
Decision Date:	07/15/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 Neurological Surgery 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 55-year-old male who was reportedly injured on August 23, 2013. The mechanism of injury was noted as unloading some doors off a trailer and having some plywood fall onto the injured employee. The most recent progress note dated October 2, 2013, indicated that there were ongoing complaints of cervical spine pain. The physical examination demonstrated cervical spine stiffness and posterior cervical tenderness. There was a positive cervical compression nerve root test. The upper extremity neurological examination was within normal limits. There were diagnoses of a cervical sprain/strain and muscle spasms of the neck. A MRI of the cervical spine was stated to be pending as well as physical therapy. Conservative care continued. A request was made for a Transcutaneous Electrical Nerve Stimulation (TENS) unit and was not certified in the pre-authorization process on January 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 MONTH RENTAL PRIME DUAL-EMS/TENS UNIT, LUMBAR, WITH 2 MONTH SUPPLY OF BATTERY/LEAD WIRES/ELECTRODES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

Decision rationale: According to the California Medical Treatment Utilization Schedule Guidelines Chronic Pain Medical Treatment Guidelines, the use of a Transcutaneous Electrical Nerve Stimulation is indicated for neuropathic pain. According to the attached medical record, the injured employee does not have any complaints of radicular symptoms, and there is a normal upper extremity neurological examination. Additionally, a Transcutaneous Electrical Nerve Stimulation is not recommended as a primary treatment modality, but a one-month home-based Transcutaneous Electrical Nerve Stimulation trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There was no mention of the injured employee failing to respond to primary treatment modalities. For these multiple reasons, this request for a Transcutaneous Electrical Nerve Stimulation unit is not medically necessary.