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| Case Number: | CM14-0016947 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 08/08/2012 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 01/16/2014 |
| 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 Physical Medicine and Rehabilitation 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:

This is a 34-year-old female with an 8/8/12 date of injury. The patient was seen on 11/12/13 with ongoing complaints of intermittent neck pain radiating down the right arm with associated numbness and tingling. Exam findings revealed cervical and right trapezius tenderness. The patient was again seen on 11/27/13 with intermittent but rare neck pain 3-6/10 what sometimes radiates down the right arm. Home exercises improve her pain. The patient noted right shoulder pain, 6/10 with radiation down the arm, also improved with stretches. Exam findings revealed tenderness over C5,6,7 and the bilateral trapezius. The patient has tenderness at the right AC joint, biceps, and anterior rotator cuff. The diagnosis is cervical radiculopathy, and cervical sprain/strain. A TENS unit was noted to be denied in a UR decision dated 11/19/13. The patient was urged to file an IMR or buy a unit off of eBay. On 1/10/14 the patient was again seen and noted no neck pain, but continued right shoulder pain and right wrist numbness. Exam findings revealed tenderness at the bilateral trapezius. The treatment plan notes trying to get approval to keep the TENS unit for an additional month (which was previously denied). Treatment to date: mediations, activity modification, acupuncture, home exercise program, physical therapy. A UR decision dated 1/16/14 modified the request to a 30 home trial day trial given the patient has ongoing 8/10 pain with radicular features

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS UNIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: CA 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 and that other ongoing pain treatment should also be documented during the trial period including medication. The request was modified for a one month trial as it was not clear that the patient was approved or had a one month trial of a TENS unit and the results of that. In addition, there is no evidence of ongoing treatment modalities within a functional restoration approach. Therefore the request was not medically necessary.