

Case Number:	CM14-0114700		
Date Assigned:	08/04/2014	Date of Injury:	07/17/2007
Decision Date:	10/01/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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 Pain Management, 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 an 83 years old female with an injury date on 07/07/2007. Based on the 05/07/2014 progress report provided by [REDACTED], the diagnoses are Neuralgia neuritis and radiculitis unspecified, Unspecified derangement of joint of shoulder region, Other specified disorder of bursae and tendons in shoulder, and Lambago. According to this report, the patient complains of "low back pain that has worsened lately" and lower extremity numbness from knees down, extending to the feet. The pain is rated as a 10/10 without medications. The patient admits to ongoing paresthesias of the right upper extremity as well as pain in the shoulder and arm. Physical exam reveals tenderness over the AC joint and supraspinatus insertion. Range of motion is decreased. Strength test of the right lower extremity is a 4/5. There were no other significant findings noted on this report. The utilization review denied the request on 07/16/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/07/2014 to 05/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation);.

Decision rationale: According to the 05/07/2014 report by [REDACTED] this patient presents with lower back pain and lower extremity numbness. The treater is requesting TENS unit purchase. The utilization review denied letter states "The clinical supplied does not include a treatment plan with specific long and short term goals. Also no evidence of previous trial of a TENS unit is documented." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain along with other specific diagnoses. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the medical records from 02/07/2014 to 05/07/2014 does not show evidence that the patient has trialed one month of TENS unit at home. The requested TENS unit for home use is not in accordance with MTUS guidelines. Recommendation is for denial.