

Case Number:	CM14-0122531		
Date Assigned:	08/06/2014	Date of Injury:	10/28/2013
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/04/2014

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, 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:

According to this report, the patient complains of moderate right shoulder pains and right side neck pains. The patient's symptoms flared up recently due to an increase volume of work. The symptoms are exacerbated with overhead reaching, lifting/carrying, holding objects and computer works. Tenderness is noted at the trapezius muscle with multi palpable trigger points. The 03/31/2014 report indicates tenderness at the cervical paravertebral muscles and at the dorsal forearm. Right Tinel's test is positive. X ray of the cervical spine on 03/06/2014 reveals "mild marginal osteophyte formation C5-C6 and C6-C7." There were no other significant findings noted on this report. Dr. [REDACTED] is requesting TENS unit with electrodes for 3 months. The utilization review denied the request on 07/15/2014. Dr. [REDACTED] is the requesting provider, and she provided treatment reports from 03/31/2014 to 07/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit with electrodes X 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation); Criteria for the use of TENS Page(s): 114;114-116; 116.

Decision rationale: According to the 07/07/2014 report by Dr. [REDACTED] this patient presents with moderate right shoulder pains, right side neck pains and ulnar neuropathic pain. The treater is requesting TENS unit with electrodes for 3 months. The utilization review denial letter states "NO DOCUMENTATION of (a) inability to control pain complaints with medications; (b) completion of a 30 day trial of 2 lead conventional TENS to warrant a 3 month rental or purchase of a home TENS unit."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. The guidelines further state a "rental would be preferred over purchase during this trial. Review of the medical records from 03/31/2014 to 07/31/2014 shows no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. Therefore, it is not medically necessary.