

Case Number:	CM14-0123414		
Date Assigned:	08/08/2014	Date of Injury:	11/10/2007
Decision Date:	10/08/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old female was reportedly injured on November 10, 2007. The mechanism of injury was noted as having pain in the right shoulder while giving a massage. The most recent progress note, dated June 13, 2014, indicated that there are ongoing complaints of cervical spine pain, headaches, blurry vision, gastritis, and swelling in the feet and ankles. The physical examination demonstrated decreased range of motion of the cervical spine with spasms over the upper trapezius bilaterally. Diagnostic imaging studies of the cervical spine revealed diffuse disc desiccation, a disc protrusion at C4-C5, which effaced the thecal sac, and a disc protrusion at C5-C6, which encroached on the right C6 exiting nerve roots, and a disc protrusion and C7-C8 effacing the thecal sac. Previous treatment included physical therapy, the use of a TENS unit, and oral medications. A request had been made for the use of a TENS unit and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME TENS (Transcutaneous Electrical Nerve Stimulation) Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The California MTUS recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. This trial should include documentation of how often the unit was used and the outcomes in terms of pain relief and reduction. A review of the attached medical record is unclear as to the context in which a previous TENS unit was used and there is no documentation of objective pain relief with its usage. As such, this request for a TENS unit is not medically necessary.