

Case Number:	CM14-0131348		
Date Assigned:	08/20/2014	Date of Injury:	09/05/2013
Decision Date:	10/23/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	08/18/2014

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 Internal Medicine and Pulmonary Disease 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 47-year-old female who reported an injury on 09/05/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included acute cervical sprain, rule out disc herniation, and acute lumbar sprain, rule out disc herniation. The previous treatments included medications. Within the clinical note dated 12/11/2013, it was reported the injured worker complained of cervical spine, lumbar, left hand, and left thumb pain. The injured worker reported taking tramadol. Upon the physical examination, the provider noted the injured worker had limited range of motion of the cervical spine. The shoulder depression test was positive and Spurling's test was positive. Upon examination of the lumbar spine, the provider noted the injured worker had limited range of motion. There was a Kemp's test noted to be positive bilaterally, as well as a positive straight leg raise test on the right side with radiating pain down the lateral aspect of the thigh. Sensation was normal in the L4-5 dermatome bilaterally. There was decreased sensation noted in the S1 nerve root distribution. The request submitted is for a 1 month home trial of a prime dual Neurostimulator (TENS/EMS unit) with supplies. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month home trial of a prime dual neurostimulator (TENS/EMS unit) with supplies:
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 Transcutaneous Electrotherapy Page(s): 114-116.

Decision rationale: The request for a 1 month home trial of a prime dual neurostimulator (TENS/EMS unit) with supplies is not medically necessary. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. There is a lack of evidence of other appropriate pain modalities that have been tried and failed, including medications. There is a lack of documentation indicating the injured worker's previous course of conservative therapy had failed and the efficacy of the treatments. Therefore, the request is not medically necessary.