

Case Number:	CM14-0138326		
Date Assigned:	09/05/2014	Date of Injury:	08/30/2013
Decision Date:	10/02/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/26/2014

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 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:

The patient is a 42-year-old male with a date of injury of 08/30/2013. The listed diagnoses per [REDACTED] are: 1. Cervicalgia, myofascial strain. 2. Left hip myofascial strain. According to progress report 07/11/2014, the patient presents with upper, low back, and left hip pain. The patient presents with a flare-up of the posterior neck over the bilateral trapezius. There is constant tight achy discomfort. Examination revealed "normal inspection, non-tender to palpation, no spasm noted, flexes to touch chin to chest, no thoracic or lumbar spine tenderness, and negative straight leg raise." MRI of the cervical spine on 04/02/2014 revealed "no significant disk protrusion or stenosis identified." Treating physician is requesting physical therapy, medication, and a TENS unit. Utilization review denied the request on 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with a flare-up of the posterior neck over the bilateral trapezius and left lateral hip discomfort. The treating physician is requesting a TENS unit. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a one-month home-based trial may be considered for specific diagnoses of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. In this case, the patient does not meet the indications for a TENS unit. This request is not medically necessary.