

Case Number:	CM14-0163389		
Date Assigned:	10/08/2014	Date of Injury:	10/19/2013
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Practice 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:

This case involves a 26 year old male who sustained a work injury on 10/19/13 involving the neck, back and shoulders. He was diagnosed with cervical strain, thoracic strain, cervical neuritis and myalgias. An MRI in April 2014 showed disk bulging at multiple levels in the thoracic spine. He had used oral analgesics and undergone chiropractic therapy. A progress note on 4/25/14 indicated the injured worker had begun a trial of a TENS unit. A subsequent request was made on 8/6/14 for TENS patch x 2 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens patch x 2 pairs DOS 08/06/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: complex regional pain syndrome (CRPS), multiple sclerosis, spasticity due to spinal cord injury and

neuropathic pain due to diabetes or herpes. In this case, the injured worker did not have the above diagnoses. The response to prior 4 months of TENS unit was not mentioned. Therefore, the request for a TENS patch is not medically necessary.