MAXIMUS Federal Services

Case Number:	CM14-0165091		
Date Assigned:	10/10/2014	Date of Injury:	11/26/2013
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 66-year-old male with an injury date of 11/26/2013. Based on the 08/14/2014 progress report, the patient complains of having neck pain. The 09/25/2014 report states that the patient has a diagnosis of resolved cervical radiculopathy with continued neck pain. The patient complains of right side neck aching pain. He has mild tenderness to palpation. No further recent examination was provided. The Utilization Review determination being challenged is dated 09/30/2014. Treatment reports were provided from 04/24/2014 - 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase.: 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 TENS Page(s): 116.

Decision rationale: According to the 09/25/2014 progress report, the patient complains of having cervical radiculopathy with continued neck pain. The request is for a TENS Unit Purchase. MTUS Guidelines pages 116 states, "a 1-month trial of a TENS unit should be

documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was doing as well as outcomes in terms of pain relief and function: Rental would be preferred over purchase during this trial." Review of the reports show that the patient has not yet used a TENS unit and has not had a 1-month trial. There is no discussion provided as to any goals that maybe accomplished with the TENS unit therefore request is not medically necessary.