

Case Number:	CM14-0173548		
Date Assigned:	10/24/2014	Date of Injury:	11/11/2012
Decision Date:	12/03/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 Medicine 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 injured worker's date of injury is 11/11/2012. This patient receives treatment for chronic neck pain with radiation to the right arm accompanied by numbness and tingling. At times there are symptoms involving both upper extremities. On exam the patient has tenderness in the right parascapular region and decreased light touch over the right forearm and arm. A cervical spine MRI in August 2013 did not show cervical disc disease, cord compression, or spinal canal stenosis. Medications prescribed include: Norco 10/325 mg, Medrox patches, Oxycodone, Flexeril, and Rubiprofen 20% gel. The medical diagnoses include: right thoracic outlet syndrome s/p right rib resection, s/p right anterior scalene resection, and chronic neck pain with arm symptoms. The patient has chronic pain and opioid dependence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit: Upheld

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

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

Decision rationale: TENS, despite some wide-accepted acceptance in the medical community, lacks convincing evidence of efficacy in well-designed clinical trials. There may be benefit in some cases of CRPS II, neuropathic pain, multiple sclerosis, and phantom limb pain. The patient does not have any of these medical problems. The patient's neurologic exam does not demonstrate true radicular findings. TENS is not medically indicated.