

Case Number:	CM14-0022151		
Date Assigned:	05/09/2014	Date of Injury:	10/27/2012
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Neurological Surgery 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 records reflect this 38-year-old male was injured on October 27, 2012. The current diagnosis is noted as a sprain of the neck (847.0). It is also noted there are comorbidities involving an injury to the neck and post-concussion syndrome. The mechanism of injury is noted as a fall from a ladder. It was noted a previous request for the device was not certified in the preauthorization process. The progress note, dated May 17, 2014, indicates the injured worker cannot return to work. A neurological assessment was completed on May 7, 2014. The physical examination noted a 6'2", 244 pound individual to be normotensive. A decrease in cervical spine range of motion was noted. Motor examination was normal, and grip strength was reported at 115 pounds on the right. Electrodiagnostic testing demonstrated denervation in the left C6 & C7 myotomes. The clinical impression was a cervical spine injury with a fracture of the C7 spinous process. A concussion was also noted. There was a history of a seizure disorder. It was noted the injured employee has returned to employment. A course of psychological therapy had been completed in mid-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE AND THREE MONTHS SUPPLY FOR CERVICAL SPINE:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-116 of 127.

Decision rationale: When considering the reported mechanism of injury, the injury sustained, and the significant comorbidities basis of prior to this date of injury by the parameters outlined in the MTUS, there is no clinical indication to support the use of this device at this time. While it is noted that this device can be supported in certain clinical situations, the parameters noted above exclude the use of this device. As such, there is no clinical indication for a Transcutaneous Electrical Nerve Stimulation (TENS) unit.