

Case Number:	CM14-0027816		
Date Assigned:	06/18/2014	Date of Injury:	07/12/2004
Decision Date:	07/17/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	03/05/2014

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 Orthopedic 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 injured employee is a 62-year-old female injured on July 12, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 9, 2014, indicated that there were ongoing complaints of low back pain, neck pain and left shoulder pain. The physical examination of the left shoulder noted decreased range of motion and a positive impingement sign. There was decreased sensation at the left C7 dermatome. The physical examination of the lumbar spine noted tenderness at the lumbosacral junction. There was pain with range of motion in a mildly positive straight leg raise test bilaterally. Muscle strength in the lower extremities was 5/5. Diagnostic imaging studies objectified disk herniations at C3-C4, C4-C5, C5-C6 and C6-C7. The disc herniation at C5-C6 was stated to be contacting the bilateral C6 exiting nerve roots, and the discrimination at C6-C7 was contacting the bilateral C7 exiting nerve roots. An MRI of the left shoulder was stated to show rotator cuff tendinosis and subacromial bursitis. An MRI of the lumbar spine showed diffuse disc desiccation and herniations indenting the thecal sac. There were a diagnoses of cervical radiculopathy, lumbar discogenic disease with radiculopathy and left shoulder impingement. There was a recommendation for cervical spine facet blocks and the use of a TENS UNIT. A request had been made for the use of a TENS unit and was not certified in the pre-authorization process on February 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT TRIAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a Transcutaneous Electrical Nerve Stimulation (TENS) unit is not considered a primary treatment modality but can be used for a one month home based trial as an adjunct to a functional restoration program for those individuals who have neuropathic pain. The most recent progress note, dated January 9, 2014, recommends the use of a TENS unit. There is no mention of the injured employee having a one month trial of a TENS unit or it being an adjunct to other conservative treatment methods. For these reasons, this request for a TENS unit is not medically necessary.