MAXIMUS Federal Services

Case Number:	CM14-0035383		
Date Assigned:	06/23/2014	Date of Injury:	10/06/2012
Decision Date:	07/25/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/21/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 worker is a 43 year old male who presented with significant irritability secondary to a prolonged period of unconsciousness. A clinical note dated 06/21/13 indicated the injured worker undergoing a week of unconsciousness. The injured worker stated he suffered a significant fracture to the cervical spine resulting in intubation. The injured worker also reported low back and knee injuries. The injured worker recalled no information regarding the initial incident; however, the injured worker reported some confused memories regarding a workplace related accident. The wife of the injured worker reported a period of irritability. A clinical note dated 09/26/13 indicated the injured worker underwent three week hospital stay. The injured worker had fallen from a ladder. The injured worker reported ongoing headaches with neck pain particularly with movements. The injured worker reported neck pain radiating into the shoulders. Numbness was identified in the left thumb and index finger. The injured worker rated the ongoing pain as 4-8/10. The wife of the injured worker identified the injured worker undergoing periods of anger and irritability. The injured worker was diagnosed with traumatic brain injury. A clinical note dated 10/25/13 indicated the injured worker continuing with complaints of headaches and numbness and tingling in the upper extremities. The injured worker had a fracture at C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/NMES Unit for purchase: 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): 113-115.

Decision rationale: The request for a transcutaneous electrical nerve stimulation/neuro-muscular electrical nerve stimulation (TENS/NEMS) unit is not medically necessary. Clinical documentation indicates the injured worker undergoing a period post-operative physical therapy after a prolonged hospital in-patient stay. A TENS unit is indicated for injured workers who have demonstrated positive response to a one month trial of a TENS unit. No information was submitted regarding previous use of a TENS unit in particular one month trial. Without information regarding positive response to a TENS unit this request is not indicated as medically necessary.

Two Leads (Wires) for purchase: 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): 113-115.

Decision rationale: Given the transcutaneous electrical nerve stimulation (TENS) unit was not medically necessary, the additional request for lead wires is not medically necessary.

2" and 3"x4" Rectangular Electrodes for purchase: 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): 113-115.

Decision rationale: Since the transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary, the request for rectangular electrode purchase is not medically necessary.