

Case Number:	CM14-0035734		
Date Assigned:	06/23/2014	Date of Injury:	08/30/2012
Decision Date:	07/24/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/20/2014

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 Pain 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 29 year old female whose date of injury is 08/30/2012. The mechanism of injury is described as a slip and fall. The injured worker underwent cervical epidural steroid injection on 04/10/14 which provided 70% pain relief for one month. Physical examination on 04/23/14 notes cervical range of motion is full with well-preserved muscle bulk, strength and sensation. Deep tendon reflexes are 2+. Strength is 5/5. Spurling's test is negative. Diagnoses are upper back strain, cervical strain, lumbosacral strain, myofascial strain with lumbosacral degenerative disc disease, and status post epidural steroid injection in the neck. Note dated 06/19/14 indicates that the injured worker complains of low back pain and neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for purchase of Transcutaneous Electrical Nerve Stimulation (TENS) unit for the cervical spine is not

recommended as medically necessary. The submitted records fail to establish that the injured worker has undergone a successful trial of Transcutaneous Electrical Nerve Stimulation (TENS) to establish efficacy of treatment as required by CA MTUS Guidelines. There are no specific, time-limited treatment goals provided as required by CA MTUS Guidelines. The injured worker's physical examination is grossly unremarkable with 5/5 strength, intact sensation and negative Spurling's.