

Case Number:	CM14-0046656		
Date Assigned:	07/02/2014	Date of Injury:	12/16/2009
Decision Date:	08/13/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/15/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 61-year-old female who reported an injury on 12/16/2009. The mechanism of injury was noted to be trauma from a door slamming against the injured worker by a preschool student. Prior treatments were noted to be physical therapy, injections, and medications. The injured worker's diagnosis was noted to be cervicgia. The injured worker had a clinical evaluation on 02/19/2014. The injured worker presented with complaints of pain located in the neck and right shoulder. She described her pain as dull, achy, and stabbing. She indicated pain radiated into her right shoulder and paresthesia was noted in the hand and up the arm. The injured worker has tried ice, NSAIDS, rest and heat application. It was noted this improved pain. The examination of the cervical spine revealed tenderness to palpation in the trapezial area. Muscle spasm was noted. Cervical spine range of motion was restricted in forward flexion, in backward extension, in right lateral tilt, in left lateral tilt, in right rotation, and in left rotation. The treatment plan included physical therapy and a TENS unit. The provider's rationale for the request was provided within the documentation. A Request for Authorization for medical treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TENS unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. A home-based treatment trial of 1 month may be appropriate for neuropathic pain and CRPS II and for CRPS I. The request is for a TENS unit purchase. The guidelines do not recommend a TENS unit purchase; however, a 1 month home-based TENS trial may be considered. Therefore, the request for 1 TENS unit purchase is not medically necessary.