

Case Number:	CM14-0051633		
Date Assigned:	07/07/2014	Date of Injury:	10/13/2010
Decision Date:	09/05/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/19/2014

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 and is licensed to practice in Nevada. 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 50 year-old male who was reportedly injured on 10/13/2010. The mechanism of injury is not listed. The most recent progress notes dated 3/28/2014 and 4/19/2014 indicate that there are ongoing complaints of neck pain. The physical examination demonstrated paracervical, trapezius and rhomboid myospasm bilaterally; limited cervical spine range of motion; deep tendon reflexes 2/4; normal pinprick to upper extremities; positive cervical compression and negative cervical distraction bilaterally. No recent diagnostic imaging studies available for review. Diagnosis included cervical strain/sprain and lumbar strain/sprain. The previous treatment includes chiropractic treatment, physical therapy and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit (for home use): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The California MTUS guidelines recommend against using a transcutaneous electrical nerve stimulation unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. The review of the available medical records, fail to document a one-month trial as well as outcomes in terms of pain relief and function or how often the unit was/is being used. As such, the request is not considered medically necessary.