

Case Number:	CM14-0061926		
Date Assigned:	07/11/2014	Date of Injury:	07/11/2012
Decision Date:	09/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This 51 year old patient had a date of injury on 7/11/2012. The mechanism of injury was not noted. In a progress noted dated 4/15/2014, subjective findings included; high level or neural tension, neural irritability, soft tissue restrictions at the posterior cuff musculature and triceps, resulting in her current primary concern of right triceps cramping, with repetitive and strenuous use of the right upper extremity. On a physical exam dated 4/15/2014, objective findings included the patient status post c/s fusion on 1/22/2014 and making significant improvements since beginning therapy. Diagnostic impression shows; cervicalgia, joint pain, joint stiffness, muscle weakness. Treatment to date: medication therapy, behavioral modification, and physical therapy. A UR decision dated 4/18/2014 the request for purchase of a TENS unit device for the cervical, stating, that it is not recommended as an isolated intervention, and is primarily recommended if an individual is participating in a program of evidence based functional restoration. The documentation identifies that the claimant has had completed physical therapy, and recent documentation does not support the need for, or the claimant's participation in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS Unit device for the cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include, Chronic intractable pain, pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including; the specific short, and long-term goals of treatment with the TENS unit. In a progress report dated, 4/15/2014, the patient is documented to have made significant improvements since beginning physical therapy, and the plan was to continue therapy 2 times a week for next 6 weeks, to improve her arm range of motion and function to progress her towards a return to full participation in her roles at work and as an active individual. There is no rationale provided to justify a TENS unit, in addition to physical therapy which has proven to be beneficial. Therefore, the request for purchase of TENS device for the cervical spine is not medically necessary.