

Case Number:	CM14-0077749		
Date Assigned:	07/18/2014	Date of Injury:	02/15/2012
Decision Date:	11/06/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 patient is a 52-year-old male who sustained a work related injury on 02/15/2012 when a he was hit by a large, heavy steel cable on the right anterior chest, knocking him to the ground. He was found to have three rib fractures, a renal laceration, right transverse process and fracture from L1 to L5 and the right sacral ala. Per the qualified medical evaluation (QME) report dated December 17, 2013, he has 10/10 pain that is a constant sharp and stabbing in character at his neck, mid and lower back with radiation to the left upper and lower limb. His pain is aggravated by sitting, standing, walking, lying down and change head or arm positioning. Medication relieves his pain. Physical examination reveals tenderness to palpation along the cervical, thoracic and lumbar spines, the left shoulder, elbow and left knee. He demonstrates a decreased range of motion of the cervical and lumbar regions. Spurling testing was 'questionably' positive. Impingement test of bilateral shoulders and Patrick testing of the bilateral sacroiliac joints was negative. Straight leg raise testing was positive on the right, negative on the left. Neurologically able to toe and heel walk, has no appreciable light touch or pin prick sensation deficits and strength testing is 5/5 of bilateral upper and lower limbs. His current treatment regimen included Ibuprofen. In dispute is a decision for transcutaneous electric nerve stimulation (TENS) unit 30-day rental multiple body parts.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens unit 30 day rental multiple body parts: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatment Page(s): 114-115.

Decision rationale: Not recommended as a primary treatment modality, but a one-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, for the conditions described below. There has been a recent meta-analysis published that came to a conclusion that there was a significant decrease in pain when electrical nerve stimulation (ENS) of most types was applied to any anatomic location of chronic musculoskeletal pain (back, knee, hip, neck) for any length of treatment. The patient's QME report states 'may consider TENS unit for his chronic pain' does not address the inclusion of criteria specific functional restoration. The treatment is not medically indicated.