

Case Number:	CM14-0078768		
Date Assigned:	07/18/2014	Date of Injury:	10/14/2011
Decision Date:	09/24/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/29/2014

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 Occupational Medicine 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:

Patient is a 39 year-old female with date of injury 10/14/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/14/2014, lists subjective complaints as pain in the neck, right shoulder, and right wrist. Objective findings: Examination of the cervical spine revealed decreased range of motion in all planes due to pain and tenderness to palpation of the paravertebral muscles. Cervical facet tenderness was noted at C4, C5, C6, and C7. Right shoulder was positive for tenderness to palpation of the right trapezius. Right wrist: positive for tenderness to palpation along the dorsum of the hand and the radial aspect of the hand. Diagnosis: 1. Cervical facet syndrome 2. Tenosynovitis of hand and wrist 3. Muscle spasm. MRI performed on 02/22/2012 was unremarkable. Patient has had numerous injections from trigger point to most recently cervical radiofrequency. She is pending acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment TENS (Trancutaneous Electrical Nerve Stimulation):

Overtured

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 Page(s): 68.

Decision rationale: The patient has a chronic pain syndrome. It is likely that she has reached the point of maximum medical improvement sometime ago. She is able to go to work most of the time on her current pain management regimen. The TENS unit, which she has used for 5 years, is part of that regimen which allows her to perform the activities of daily living. The patient's situation does meet the criteria in the MTUS for use of a TENS unit for chronic intractable pain. The request is medically necessary.