

Case Number:	CM14-0081676		
Date Assigned:	07/18/2014	Date of Injury:	11/13/2013
Decision Date:	09/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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:

This is a 40-year-old male patient with an 11/13/13 date of injury. He injured himself due to a car accident. A progress report dated 3/13/14 indicated that the patient complained of constant neck pain, which radiated to the upper back and bilateral upper extremities. He described the pain as dull to sharp, 4/10 to 6/8/10 as a worst pain. The patient also complained of thoracic and lower back pain. He reported constant pain from the shoulder to the hand. Physical exam revealed tenderness over the right trapezius muscle and decrease of range of motion in the right shoulder. There was also tenderness in the bilateral paravertebral muscles in the lumbar spine, and decrease range of motion in the lumbar spine. He was diagnosed with lumbar spine radiculopathy, Right shoulder internal derangement, and status post right forearm surgery. Treatment to date: medication management, chiropractic therapy, physical therapy. There is documentation of a previous 5/8/14 adverse determination, based on the fact that a TENS unit was not indicated for the patient's diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit trial for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT 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. However, there was no documentation of failure of conservative treatment. In addition, CA MTUS does not consider a TENS unit as a first line treatment option. Therefore, the request for TENS unit trial for 30 days is not medically necessary.