

Case Number:	CM14-0090644		
Date Assigned:	07/25/2014	Date of Injury:	05/24/2012
Decision Date:	08/29/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 & Rehabilitation, has a subspecialty in Pain 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 case involves a 46 year old female with a 05/24/2012 date of injury when she was attacked by a student injuring her neck, left shoulder and low back. The progress report dated 02/12/2014 indicated that the patient achieved maximum medical improvement with conservative treatment and has need for future medical care. This treatment includes medications and epidural injections. On 02/24/2014, the injured worker complained of ongoing neck, left shoulder, and low back pain with a rated pain level of 4/10. Clinical findings include tenderness in the cervical spine with spasms of the trapezius muscles; positive trigger points at the trapezius muscles bilaterally; and reduced range of motion in the cervical spine. The shoulder examination revealed tenderness at the AC joint and trapezius muscles, and reduced range of motion. The neurological examination revealed reduced sensation in the C5-T1 dermatomes bilaterally; 4/5 strength in bilateral upper extremities; and intact deep tendon reflexes. The lumbar examination revealed tenderness with spasms; reduced range of motion; reduced sensation in the L5-S1 dermatomes bilaterally; 4/5 lower extremity strength bilaterally; and intact deep tendon reflexes. Treatment plan discussed was to continue use of medications at will. A TENS unit with supplies for home use and hot/cold unit were requested. Treatment to date has included medication, chiropractic care, and acupuncture, steroid injection for the left shoulder, cervical epidural steroid injections, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 MONTH SUPPLIES TO USE WITH PRESCRIBED TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Transcutaneous Electrotherapy, page(s) 144, 116.

Decision rationale: A request for 2 month supply for a TENS unit obtained an adverse determination as there was lack of documentation regarding a one-month trial of TENS unit. Although additional medical records were provided, there was little information regarding the TENS unit treatment history as well as no documentation of no request for a trial, specific treatment duration, how often the unit was used, or outcome in terms of pain relief and function. There is insufficient documentation to establish medical necessity for the requested TENS unit supplies. Therefore, the request is not medically necessary.