

Case Number:	CM14-0092807		
Date Assigned:	07/25/2014	Date of Injury:	03/06/2014
Decision Date:	10/22/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/19/2014

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 Family Practice, 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:

37 yr. old female claimant sustained a work injury on 3/5/14 involving the neck, back and shoulder. She was diagnosed with cervical radiculopathy, thoracic pain syndrome, right shoulder strain and bilateral De quervain's tendonitis. He had undergone therapy and Chiropractor treatments. In May 2014, the claimant had a 1 month trial of a TENS unit. A progress note on 6/17/14 indicated the claimant had 7/10 pain in the cervical spine and right shoulder. The cervical spine was tender to palpation with myospasms. A subsequent request was made for an additional 2 months TENS unit use with supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two month TENS unit supplies including electrodes, batteries and lead wires: 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 TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple

sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The therapeutic response from 1 month use was not specified. The request for a TENS unit supplies for 2 additional months is not medically necessary.