

Case Number:	CM14-0099775		
Date Assigned:	09/16/2014	Date of Injury:	04/20/2013
Decision Date:	10/15/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Rehabilitation 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:

The patient is a 43 years old male with an injury date on 04/20/2013. Based on the 06/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lumbar strain 2. Lumbar radiculitis 3. Insomnia 4. Depression 5. Gastritis 6. Right shoulder sprain. According to this report, the patient complains of lumbar spine pain and right shoulder pain that are 7- 8/10. The patient states with the assistance of the TENS unit its "helps to relax and reduce the pain." Physical exam reveal tenderness at the right AC (acromioclavicular) joint, subacromial space, and anterior /posterior part of the shoulder area. Right shoulder range of motion is restricted with pain. Exam of the lumbar spine reveals stiffness at L4-L5 with improvement from past visits. Positive straight leg raise bilaterally. Deep tendon reflexes of the knee and ankle are +1 bilaterally. The 02/09/2014 report mentions that the TENS unit "helps him relax." The 07/09/2014 report indicated the patient "was getting significant relief from the assistance of TENS unit." Pain in the lumbar spine is a 7-8/10, with the assistance of medications and TENS unit pain go down to about 4-5/10. There were no other significant findings noted on this report. The utilization review denied the request on 06/18/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/22/2014 to 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional TENS supplies x 2 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS. Decision based on Non-MTUS Citation Official Disability guidelines: TENS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation);.

Decision rationale: According to the 06/11/2014 report by [REDACTED] this patient presents with lumbar spine pain and right shoulder pain that are 7-8/10. The treater is requesting additional TENS supplies x 2 months. Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. Review of the reports show that the patient does present with neuropathic pain and the patient is 'getting significant relief from the assistance of TENS unit." The requested TENS supplies for 2 months appears reasonable. Recommendation is for authorization.