

Case Number:	CM13-0030489		
Date Assigned:	12/12/2014	Date of Injury:	09/12/2012
Decision Date:	01/15/2015	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/30/2013

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, has a subspecialty in Interventional Spine 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 46-year-old female with a date of injury of 09/12/2012. The listed diagnoses are: 1. Sprain/strain neck whiplash. 2. Muscle spasm of the neck. According to progress report 08/03/2013, the patient presents with neck pain that radiates to the right arm and an increase of muscle spasms. The patient reports some numbness and tingling of the arm, usually in the mornings and resolves by day. The patient reports her pain as 7/10 on a pain scale. Examination of the cervical spine revealed muscle spasms in the neck. Range of motion is restricted with Flexion is 35-40 degrees, extension is 45-55 degrees, lateral flexion both right and left are 30/40 degrees, and lateral rotation is 60/70 degrees in the left and right. This is a request for TENS unit rental for 3 to 6 months and purchase of supplies. The utilization review denied the request on 09/04/2013. Treatment reports from 06/03/2013 through 09/10/2013 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for TENS Unit rental for 3-6 months and purchase of supplies:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: The progress reports provided for review do not discuss this request. It is unclear when the TENS unit was dispensed. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. In this case, the patient presents with some neuropathic pain and a TENS unit trial may be indicated, but the treater has requested a rental for 3 to 6 months and MTUS states that a 30-day home trial is recommended and only with documentation of functional improvement, additional usage may be indicated. The requested TENS unit rental for 3 to 6 months and supplies is not medical necessary.