

Case Number:	CM14-0128262		
Date Assigned:	08/15/2014	Date of Injury:	02/24/2014
Decision Date:	02/11/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 56 year old female who was injured at work on 02/24/14. An office visit note of 06/20/14 reported she was complaining of 7/10 thoracic and lumbar pain /10, 3/10 cervical pain, and 4/10 right elbow pain. The neck, upper and lower back pain is frequent, while the right elbow pain is intermittent. The pain improves with rest, therapy and medication; but the pain worsens with activities. The physical examination revealed slightly decreased range of motion of the neck, positive compression test, positive spurling's test on the right, tenderness over the trapezius and cervical and thoracic paraspinals. There was limited range of motion of the lumbar spine, positive straight leg raise of the posterior thigh at 60 degrees, positive Kemp's test on the right, bilateral lumbar paraspinal tenderness, 4/5 strength of the left L5, S1; and decreased sensation of the right L5, S1. Tenderness of the right medial epicondyle and olecranon, as well as a well healed scar over the medial epicondyle. There was full range of motion of the right elbow, The worker has been diagnosed of cervical sprain rule out disc herniation, lumbar sprain rule out disc herniation, right arm contusion, status right elbow surgery. Treatments have included two sessions of physical therapy. At dispute is the request 30-Day Trial of Tens Unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30-day trial of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: The injured worker sustained a work related injury on 02/24/14. The medical records provided indicate the diagnosis of cervical sprain rule out disc herniation, lumbar sprain rule out disc herniation, right arm contusion, and status right elbow surgery. Treatments have included two sessions of physical therapy. The medical records provided for review do not indicate a medical necessity for 30-day trial of TENS unit. The MTUS recommends that a request for TENS unit be accompanied by documentation of failed treatment with other treatment modalities; evidence that the TENS unit would be used as an adjunct to a functional restoration program; documentation of other ongoing pain treatment including medication usage; and documentation of a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. As such, this request is not medically necessary.