

Case Number:	CM14-0193753		
Date Assigned:	12/01/2014	Date of Injury:	03/15/2014
Decision Date:	02/28/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old male with an injury date on 4/13/04. The patient complains of on-off cervical pain radiating into the upper back with numbness/tingling in the left arm per 9/8/14 report. The patient also has sharp, intermittent left shoulder pain, radiating into the left arm with numbness/tingling per 9/8/14 report. The patient also has intermittent lower back pain radiating into the left leg with tingling per 9/8/14 report. Based on the 9/8/14 progress report provided by the treating physician, the diagnoses are: 1. cervical spine discopathy 2. left shoulder strain 3. lumbar spine discopathy A physical exam on 9/8/14 showed L-spine range of motion is limited with tightness especially on flexion. Straight leg raise is positive. The patient's treatment history includes medications, home exercise program. The treating physician is requesting retro: VQ orthocare TENS unit. The utilization review determination being challenged is dated 10/24/14. The requesting physician provided a single treatment report from 9/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of VQ Orthocare TENS unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter. TENS, chronic pain (transcutaneous electrical nerve stimulation)

Decision rationale: This patient presents with neck pain, upper back pain, left arm/shoulder pain, lower back pain, left leg pain. The treater has asked for RETRO: VQ ORTHOCARE TENS UNIT but the requesting progress report is not included in the provided documentation. Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, patient does not present with a diagnosis that MTUS indicates for use of TENS unit. In addition, review of the records indicate patient has not yet had a month-long trial of TENS unit, and this request is for a purchase. The request IS NOT medically necessary.