

Case Number:	CM14-0199486		
Date Assigned:	12/09/2014	Date of Injury:	08/31/2010
Decision Date:	01/27/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/26/2014

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 Emergency Medicine, 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 injured worker is a 41 year-old female, who sustained an injury on August 31, 2010. The mechanism of injury is not noted. Treatments have included: physical therapy, medications. The current diagnoses are: depression, cervical strain/sprain, thoracic sprain, myofascial pain. The stated purpose of the request for TENS unit was not noted. The request for TENS unit was denied on October 28, 2014, citing a lack of documentation of medical necessity. Per the report dated October 23, 2014, the treating physician noted complaints of pain to the neck and midback with radiation to the upper extremities along with numbness and tingling. Exam showed cervical and thoracic tenderness, painful cervical range of motion, painful bilateral shoulder range of motion, decreased sensation the left upper extremity. Per the report dated January 7, 2015, the treating physician noted complaints of bilateral shoulder pain, and is awaiting left shoulder surgery authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

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

Decision rationale: The requested TENS unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration."The injured worker has pain to both shoulders and pain to the neck and midback with radiation to the upper extremities along with numbness and tingling. The treating physician has documented cervical and thoracic tenderness, painful cervical range of motion, painful bilateral shoulder range of motion, decreased sensation the left upper extremity. The treating physician has not documented a current rehabilitation program, or functional benefit from electrical stimulation under the supervision of a licensed physical therapist. The criteria noted above not having been met, TENS unit is not medically necessary.