

Case Number:	CM14-0206968		
Date Assigned:	12/18/2014	Date of Injury:	06/24/2014
Decision Date:	02/11/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab, 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 55 year old male with an injury date of 06/24/14. The 11/18/14 progress report states that the patient presents with neck pain with burning and stiffness. The 10/15/14 report states the patient presents with numbness and tingling of the left thumb and index fingers with continued bilateral shoulder pain. Examination on 11/18/14 reveals tenderness to palpation over the bilateral trapezius with positive Spurling's test on the left. There is positive Tinel's sign for the left wrist. The patient's diagnoses include: 1. Cervical spine pain 2. Cervical spine/left upper limb girdle myofascial strain 3. Multilevel 4 mm disc osteophyte complexes C3-4, C5-6, C6-7. Severe bilateral neural foraminal narrowing C3-45. Severe left and moderate right neural foraminal narrowing C3-46. Moderate left mild right and right neural foraminal narrowing C67. Partial tear of flexor pollicis longus tendon, palmar aspect of metacarpophalangeal joint, left thumb MRI cervical 11/16/14 is included Physical therapy treatment reports from 07/16/14 to 09/10/14 are included. The patient is undergoing acupuncture treatment. Medications listed as of 10/15/14 are: Flurbiprofen, and Voltaren gel. The utilization review is dated 12/02/14 Reports were provided for review from 07/03/14 to 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi Stim Unit and supplies x 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient presents with neck pain with burning and stiffness along with numbness and tingling of the left thumb and index fingers. The current request is for Decision for Multi Stim Unit and supplies x 3 months per 11/18/14 report. The 12/02/14 utilization review states a conversation with the treating physician's office on 12/02/14 clarifies that this request is for a TENS unit. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) (page 114-116) states, "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, for the conditions described below." MTUS further states use is for neuropathic pain. The 11/18/14 report states that the patient receives some temporary improvement with acupuncture that includes use of a TENS unit. No acupuncture treatment reports are included for review, and the dates of acupuncture treatment are not known. Review of physical therapy treatment reports do not show use of TENS. In this case, the request is indicated for neuropathic pain that appears to be present in this patient. The treating physician does not state if this request is for purchase or rental. If for rental, a 30 day trial is allowed per MTUS and the request is for a unit with 3 months supplies. If for purchase, the treating physician makes a general statement about the use of TENS with acupuncture therapy; however, a 30 day trial of TENS explaining the use of the unit and its benefits is not documented. The request is not medically necessary.