

Case Number:	CM14-0209374		
Date Assigned:	12/22/2014	Date of Injury:	11/02/2013
Decision Date:	02/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice and is licensed to practice in New Jersey. 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 60 year-old male who was injured on 11/2/13. On exam, he had tenderness of cervical spine with decreased range of motion. A cervical MRI from 1/2014 showed multilevel disc desiccation, and mild biforaminal stenosis at C5-6 and C6-7. An x-ray of the right knee showed severe degenerative osteoarthritis. An x-ray of the bilateral hands showed degenerative joint disease. An x-ray of lumbar spine showed grade I spondylolisthesis of L5-S1. Electrodiagnostic testing showed mild bilateral carpal tunnel syndrome, chronic right ulnar neuropathy at the elbow, and moderate left ulnar neuropathy at the elbow. He was diagnosed with sprain of the neck and shoulder, herniated nucleus pulposus at C5-6. He had a trigger point injection and three epidural injections which provided 50% relief. Physical therapy provided some relief and he continued with home exercises. His medications included ibuprofen. The current request is for one month supplies for TENS/EMS which was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One month supplies for transcutaneous electrical nerve stimulation (TENS)/ Electronic Muscle Stimulation (EMS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. The patient had improved with physical therapy. His response to the medications is not clear. The patient was not documented to have failed conservative therapy at this point. A trial of the TENS unit was not authorized. Therefore, there is no clear reason to recommend a one month supply for TENS/EMS. The request is considered not medically necessary.