

Case Number:	CM15-0105455		
Date Assigned:	06/09/2015	Date of Injury:	09/05/2014
Decision Date:	07/15/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii

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 injured worker is a 54 year old male who sustained a work related injury September 5, 2014, while involved in an auto accident. He underwent diagnostic studies and provided sutures to his face, including by his right eye and nose. According to a primary treating physician's final report, dated April 10, 2015, the injured worker presented with complaints of ongoing pain in his bilateral shoulders, left side greater than right, and reduced range of motion. He also reports constant low back pain. He recently completed a course of physical therapy to his left shoulder with benefit. Examination of the bilateral shoulders revealed tenderness to palpation in the posterior aspect of both shoulders, greater on the left and positive Neer, Hawkins, and O'Brien sign. He walks with a normal heel to toe gait without limping and lumbar spine range of motion is limited and painful with bilateral hamstring tightness. Cervical spine examination revealed tenderness to palpation over the left upper trapezius. Bilateral shoulder examination revealed tenderness to palpation over the posterior aspect of both shoulders, impingement test is positive and range of motion limited and painful. Tenderness to palpation to the right and mid-line of the lumbosacral interspace at L5-S1, bilateral hamstring tenderness and range of motion is limited and painful. Diagnoses are facial lacerations and possible orbital fracture; cervical spine strain/sprain with degenerative disc disease; left and right shoulder sprain/strain. Left shoulder paralabral cyst; rib contusion; lumbar sacral degenerative disc disease/spondylosis/scoliosis. At issue, is the request for a purchase of a transcutaneous electrical nerve stimulator (TENS) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One purchase transcutaneous electrical nerve stimulator (TENS) unit: Upheld

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

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

Decision rationale: The patient presents with pain affecting the lower back. The current request is for one purchase transcutaneous electrical nerve stimulator (TENS) unit. The treating physician states in the report dated 4/16/15, "Pt will benefit from home use TENS and to continue HEP." (20B) The MTUS guidelines state, "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." In this case, the treating physician is asking for a purchase and there is no documentation that the patient has undergone a one-month trial prior to this request. The MTUS guidelines require that there also be documentation of functional improvement with the use of the TENS machine after the trial. The current request is not medically necessary.