

Case Number:	CM15-0108953		
Date Assigned:	06/15/2015	Date of Injury:	03/20/2013
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female, who sustained an industrial injury on 03/20/2013. She has reported subsequent neck, head and shoulder pain and was diagnosed with cervical musculoligamentous strain/sprain with radiculitis, rule out cervical spine discogenic disease and upper trapezius myofascial pain. Treatment to date has included oral pain medication, application of cold, chiropractic therapy, physical therapy and massage. In a doctor's first report of occupational injury or illness dated 05/14/2015, the injured worker complained of headaches, neck pain and bilateral shoulder pain. Objective findings were notable for tenderness to palpation of the cervical spine and spasm of the bilateral paraspinal, occipital, suboccipital, bilateral trapezius and levator scapulae muscles. A request for authorization of a TENS unit was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit: Upheld

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

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

Decision rationale: The claimant sustained a work injury in March 2013 and continues to be treated for neck pain, shoulder pain, and headaches. When seen, there were multiple areas of muscle tenderness. Criteria for the use of TENS include that there is documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. Since there is no documented trial of TENS, providing a TENS unit for indefinite use is not medically necessary.