

Case Number:	CM15-0109371		
Date Assigned:	06/16/2015	Date of Injury:	09/16/2014
Decision Date:	07/14/2015	UR Denial Date:	06/03/2015
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47-year-old female with a September 16, 2014 date of injury. A progress note dated April 30, 2015 documents subjective findings (neck pain; left rib cage pain; lower back pain; shoulder pain; pain rated at a level of 8/10; pain is getting better slightly), objective findings (tenderness over the cervical paraspinal muscles, trapezius, and parascapular muscles on the left; tenderness to palpation felt over the cervical spine process from C2 through C7; cervical compression test positive on the left; shoulder decompression test positive on the left; pain with range of motion of the cervical spine; positive impingement test of the left shoulder; tenderness noted over the left acromioclavicular joint, coracoid process; bicipital groove, deltoid bursae, and glenohumeral joint; tenderness and spasms over the paralumbar muscles, sacroiliac joint, sciatic notch and sacral base in the left; tenderness and spasm over the spinous processes from L2 through S1 on the left; positive straight leg raise on the left with radicular lower extremity pain; positive Kemp's test in the left), and current diagnoses (cervical spine sprain/strain with radiculitis, rule out herniated disc; thoracic spine myofascitis; lumbar spine sprain/strain with radiculitis, rule out herniated disc; left shoulder sprain/strain, rule out internal derangement). Treatments to date have included transcutaneous electrical nerve stimulator unit (does help), acupuncture, physical therapy (increased pain), and medications. There is no documentation of how the unit was utilized. There are no functional improvements documented and no documentation of impact on other treatment needs i.e. diminished use of medications. The treating physician documented a plan of care that included a Multi stim transcutaneous electrical nerve stimulator unit and supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multi stim TENS unit plus supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: MTUS Guidelines allow for extended use of a usual and customary TENS unit if a 30-day home use resulted in objective benefits and use patterns were carefully documented. There no documentation of often the unit was use or the resulting level of pain relief. There is also no documentation of how this benefited activity levels and/or diminished the need for other treatment such as medications. Without clear documentation, that addresses these issues long term TENS use is not supported by Guidelines. In addition, the Guidelines provide no support for multi stim units vs. a usual and customary TENS unit. Under these circumstances, the multi stim TENS unit plus supplies is not medically necessary.