

Case Number:	CM15-0139158		
Date Assigned:	08/03/2015	Date of Injury:	08/23/2013
Decision Date:	08/31/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 8-23-13. The injured worker has complaints of neck, upper extremity including shoulder, elbow, and forearm and hand pain. The documentation noted C5-7 is sensitive to pressure. The diagnoses have included neck pain; elbow pain and hand pain. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine on 4-15-15 showed disc desiccation at C2-C3 down through C6-C7 with associated loss of disc height at C5-C6; naproxen and prilosec. The request was for one-month home based trial of neurostimulator transcutaneous electrical nerve stimulation unit-electronic muscle stimulators.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Month Home Based Trial of Neurostimulator TENS-EMS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
 Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Spasticity due to the injury was not specified. The claimant was already enrolled in electroacupuncture. The request for a TENS unit is not medically necessary.