

Case Number:	CM15-0142059		
Date Assigned:	07/31/2015	Date of Injury:	10/26/1999
Decision Date:	09/04/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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:

This 57 year old female sustained an industrial injury on 10-26-99. She subsequently reported neck and shoulder pain. Diagnoses include cervical sprain and strain and cervical radiculitis. Treatments to date x-ray and MRI testing, chiropractic care, TENS therapy and prescription pain medications. The injured worker continues to experience neck and upper pain. A Retrospective request: 1 TENS unit (DOS 7/7/15) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 1 TENS unit (DOS 7/7/15): Upheld

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

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 neck and shoulder pain. The current request is for Retrospective request: 1 TENS unit (DOS 7/7/15). The treating physician states, in a report dated 07/07/15, "Here for TENS unit trial on mid-back." (290C) 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, based on the records available for review, has failed to document home exercise, PT, or other conservative treatments. Chiropractic for the neck has been requested, but it is unclear if this has been performed. The length of the TENS Unit trial is also not stated and MTUS only supports a one month trial. The current request is not medically necessary.