

Case Number:	CM15-0192477		
Date Assigned:	10/06/2015	Date of Injury:	01/09/2013
Decision Date:	11/13/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/30/2015

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:

The injured worker is a 53 year old female who sustained an industrial injury on January 09, 2013. A recent follow up dated August 25, 2015 reported subjective complaint of: "pain along the right shoulder and neck." She reports taking medications as prescribed to reduce her pain with minimal side effect. She states that with the reduction of her pain, she does have improved function and is able to do more in and outside of the home, such as basic ADLs cooking, cleaning, and shopping. Current medications consisted of: Nabumetone, Lidocaine, Gabapentin, Percocet, Amitriptyline, and MS Contin. The following diagnoses were applied to this visit: cervical disc degeneration, carpal tunnel syndrome, cervical pain, cervical radiculopathy, and shoulder pain. There is note of authorized surgery but the worker is unable to undergo procedure and will postpone. The plan of care is with recommendation for a trial of TENS unit, one month for pain reduction and improved function including range of motion and strength. She has undergone "physical therapy session, non-steroidal anti-inflammatory agent, ice application, stretching, home exercise and medications." On August 28, 2015 a request was made for trial of a TENS unit that was modified by Utilization Review on September 03, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 1 Month Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS Guidelines support the rental and trial of a TENS unit under these circumstances. However, the requesting physician specifically requested the purchase of unit for the 30 day trial. Unless there were unusual circumstances and a rental unit could not be found there is no medical necessity for the purchase of a unit during a trial period. Trials of these units often fail to meet criteria for longer-term use and the Guideline recommendation for a rental unit during this time period is reasonable. The request for the purchase of a Tens unit for a 30 day home trial is not supported by Guidelines and is not medically necessary.