

Case Number:	CM15-0202505		
Date Assigned:	10/20/2015	Date of Injury:	01/10/2011
Decision Date:	12/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/14/2015

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 65 year old female with a date of injure on 1-10-11. A review of the medical records indicates that the injured worker is undergoing treatment for neck and bilateral shoulder pain. Progress report dated 8-6-15 reports continued complaints of continuous neck pain, with pain, numbness, and tingling radiating into the bilateral upper extremities. The pain increases when turning head from side to side, reaching, lifting, prolonged sitting or standing. the pain is rated 4-8 out of 10. Objective findings: cervical range of motion is limited, there is tenderness to palpation of the cervical para-vertebral muscles and muscle spasm of the cervical para-vertebral muscles. Spurling's is negative. Treatments include: medication, physical therapy, chiropractic and prior use of a TENS unit. There is no documentation of prior use patterns or objective benefits. Request for authorization dated 9-9-15 was made for Homes TENS unit and supplies (1 month rental or purchase) cervical. Utilization review dated 9-14-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS Unit and Supplies (1 month rental or purchase) Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS Guidelines are very specific regarding the necessary criteria to recommend long term use of a TENS unit. It is documented that this individual trialed a TENS unit in the past and there is no supporting evidence of ongoing use to significant benefits. The rationale for repeat request is not documented in the records reviewed and it is not clear if the requesting physician is aware of the prior use an apparent lack of success. Additional documentation could affect this conclusion, but at this point in time there has been a prior trial of a TENS unit without adequate benefit to meet Guideline standards for long term use and/or a repeat trial. The Home TENS Unit and Supplies (1 month rental or purchase) Cervical is not medically necessary.