

Case Number:	CM15-0024368		
Date Assigned:	02/13/2015	Date of Injury:	04/04/2014
Decision Date:	04/15/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	02/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male who sustained a work related injury April 4, 2014. While working in a 12 foot ditch, the harness malfunctioned and he was thrown to the ground with immediate pain in his neck, upper and lower back and right side of chest. According to a primary treating physician's progress report, dated December 4, 2014, the injured worker presented for follow-up with complaints of cervical and lumbar spine pain and bilateral arm pain with tingling. On examination, there is tenderness in the midline of the cervical lumbar spine with limited flexion and extension due to pain. There is tenderness in the paraspinal musculature with hypertonicity and limited range of motion of the neck and lower back due to pain. Diagnoses included acute cervical and lumbar strain rule out disc herniation and headaches. Treatment plan included continue with physical therapy, medications, urine toxicology screen and TENS unit extension. According to utilization review dated December 19, 2014, the request for a TENS Unit Extension Lumbar & Cervical Spine has been modified to a 30 day rental of the TENS Unit to the lumbar and cervical spine, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Extension Lumbar & Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Neck and Upper Back Complaints, Low Back Complaints.

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

Decision rationale: Although the injured employee does have complaints of radicular pain and there has been tempered benefit with the usage of a tens unit in physical therapy there is no document is no documentation that the injured employee has failed to improve with other treatments. The progress note dated October 14, 2014 specifically states that there has been improvement with the usage of medication and therapy. Considering this, this request for the use of a TENS unit is not medically necessary.