

Case Number:	CM15-0219920		
Date Assigned:	11/12/2015	Date of Injury:	08/26/2011
Decision Date:	12/29/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/09/2015

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: Georgia

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:

This 36 year old man sustained an industrial injury on 8-26-2011. Diagnoses include cervical fusion with hardware, right shoulder sprain-strain, cervical radiculitis, lumbar spine sprain-strain, and cervical radiculopathy. Treatment has included oral and topical medications, TENS unit therapy, and Toradol injection. Physician notes dated 9-24-2015 show complaints of pain in the right shoulder and neck and increased numbness. The worker rates he is able to increase his activities of daily living by 15% with the use of pain medications. The physical examination shows an intramuscular Toradol injection was administered during this visit and was tolerated well. Recommendations include cervical spine MRI, electromyogram and nerve conduction studies of the bilateral upper extremities, cervical spine x-rays, neurosurgery consultation, addition of left shoulder as a covered body part, Gabapentin, LidoPro cream, Norco, continue TENS unit therapy. Toradol injection (administered today), and follow up in two to three weeks. Utilization Review denied a request for one month TENS unit trial on 10-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS): 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: Transcutaneous electrical nerve stimulation (TENS) is not medically necessary. Page 14 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Per MTUS, TENS unit is not medically necessary as solo therapy.