

Case Number:	CM15-0036309		
Date Assigned:	03/04/2015	Date of Injury:	05/28/2010
Decision Date:	04/14/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 34 year old, male patient, who sustained an industrial injury on 05/28/2010. A visit dated 01/15/2015 reported subjective complaint of cervical spine pain with bilateral upper extremity radicular symptom. He continues to fight with depression. Objective findings showed a positive bilateral Spurling's test to the cervical spine. Positive bilateral foraminal compression test. There is tenderness to palpation in the bilateral cervical spine and the patient is neurovascularly intact in the bilateral upper extremity. He is diagnosed with herniated nucleus pulposis at C4-5 and C5-6 with disc protrusion and cervical radiculopathy; right shoulder impingement syndrome with acromioclavicular joint arthrosis/mild glenohumeral joint arthrosis and possible rotator cuff tear; lumbosacral strain/arthrosis; psychiatric complaint and gastrointestinal complaints. A request was made for electrode pads for a transcutaneous electrical nerve-stimulating unit. On 01/27/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Transcutaneous Electric Nerve stimulator was cited. On 02/26/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrode pads for transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The available medical records support a condition of pain related to the back and to the shoulder. The pain has been lasting greater than 3 months not helped by medication, or physical therapy to date. MTUS guidelines support 1 month TENS trial but not purchase of TENS. As the medical records do not reflect TENS trial or functional outcome from TENS trial, TENS unit is not supported on permanent basis and as such TENS pads.