

Case Number:	CM15-0037739		
Date Assigned:	03/06/2015	Date of Injury:	03/17/2014
Decision Date:	04/16/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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: Physical Medicine & Rehabilitation

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 was a 56-year-old female, who sustained an industrial injury, March 17, 2014. The injury was sustained after the injured worker tripped and fell injuring the face, right shoulder and the neck. The injured worker had a loss of consciousness secondary to the fall. According to progress note of January 5, 2015, the injured workers chief complaint was right side of the face was 3 out of 10 pain; 0 being no pain and 10 being the worse pain. The pain was aggravated by looking up, looking down, side-to-side and repetitive motion of the head and neck. There was also associated numbness of the bilateral upper extremities. The injured worker complained of a burning pain radiating down the arms with associated muscle spasms. The pain was aggravated by pulling, reaching, grasping, lifting and doing work at or above the shoulder level. The physical exam noted tenderness on the right side of the forehead, suboccipital region as well as over both scalene and trapezius muscles. The cervical range of motion was flexion 40 degrees, extension of 50 degrees, left rotation 70 degrees, right rotation 70 degrees, left lateral flexion 35 degrees and right lateral rotation 35 degrees. The bilateral shoulder range of motion was flexion of 170 degrees extension 50 degrees, abduction of 170 degrees and adduction 40 degrees internal rotation 75 degrees and external rotation of 75 degrees in both shoulders. The injured worker was diagnosed with cervical strain/sprain, cervical disc displacement, facial pain, head injury with residual pain, labral tear shoulder, shoulder strain/sprain, shoulder internal derangement, cervical spine radiculopathy/radiculitis of the upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit/supplies: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy trial Page(s): 114-116.

Decision rationale: According to the 01/08/2015 progress report, this patient presents with pain at the right side of the face that is a 3/10 and constant, moderate to severe radicular neck pain. The current request is for TENS (transcutaneous electrical nerve stimulation) unit/supplies. The Utilization Review denial letter state, "I find no evidence that the IW has yet trialed the TENS unit for one month as is required under MTUS/ACOEM. I am therefore non-certifying the requested TENS unit and supplies and certifying a one month trial under MTUS/ACOEM." The request for authorization is on 01/30/2015. The patient's work status is "to return to full duty on 01/05/2015, with no limitations or restrictions." Regarding TENS units, the MTUS guidelines state, "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. The guidelines further state a "rental would be preferred over purchase during this trial." Review of the provided medical records shows that the patient has cervical neuropathic pain; however, there is no indication that the patient has trialed a one-month rental to determine whether or not a TENS unit will be beneficial. The current request does not indicate if this request is for a one month trial or for purchase. In this case, the requested TENS unit with supplies is not supported by the MTUS as there no documentation of one-month rental with benefit. Therefore, the request IS NOT medically necessary.