

Case Number:	CM15-0043295		
Date Assigned:	03/13/2015	Date of Injury:	08/08/2012
Decision Date:	04/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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 49 year old male who sustained an industrial injury on 08/08/2012. Current diagnoses include multi level disc disease, right upper extremity radicular pain, right shoulder labrum tear and adhesive capsulitis, status prior surgery x2, and mobic type II degenerative changes in the inferior and plate of C6. Previous treatments included medication management, physical therapy, cervical epidural injections and steroid injections in the right shoulder, and right shoulder surgeries. Current diagnostic studies included MRI of the right shoulder. Initial complaints included sharp pain in the neck and right shoulder. Report dated 02/09/2015 noted that the injured worker presented with complaints that included cervical spine and right shoulder. Pain level was rated as 8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included pending authorization for an MRA of the right shoulder, pending an appointment for consultation with a spine surgeon, continue the Kera-Tek gel, and request for authorization for Kera-Tek analgesic gel. Treatment request also included an extended rental of TENS unit for 12 months for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended rental 12 months, TENS (transcutaneous electrical nerve stimulation) unit for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation Page(s): 114 - 115.

Decision rationale: The California MTUS guidelines indicates that a TENS unit is indicated for the treatment of neuropathic pain syndromes. The most recent progress note dated February 27 2015 does not include any subjective complaints or objective findings of a radiculopathy relating to the cervical spine. Additionally, the guidelines recommend an one-month trial of a TENS unit followed by an assessment of its efficacy. Considering this, this request for an extended rental of 12 months from the tens unit for use on the cervical spine is not medically necessary.