

Case Number:	CM15-0051151		
Date Assigned:	03/24/2015	Date of Injury:	11/10/2013
Decision Date:	05/06/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/18/2015

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 53 year old female, who sustained an industrial injury on 11/10/13. The initial complaints are not noted in the submitted records. The injured worker was diagnosed as having a closed head trauma with loss of consciousness; contusion to face, scalp and neck; solitary left frontal subcortical white matter focus; cervical neuropathy, radiculopathy; cervical spine disc protrusion, anterolisthesis, spondylolisthesis, spondylosis, myospasms; chest wall contusion; lumbar sprain/strain with radiculitis. Treatment to date has included MRI lumbar spine (11/14/14); MRI cervical spine (1/24/14); EMG/NCV-no results at this time (1/5/15); psychological evaluation; drug screening for medical management (2015). Currently, the PR-2 notes dated 11/3/14, the injured worker complains of upper back pain which is described as moderate to severe. The pain radiates to the bilateral shoulders and upper back with numbness and tingling sensation and increases with prolonged sitting. Complaints are also documented of severe low back pain that radiates to the lower legs. Headaches are also described as constant, moderate to severe and pain radiates to the left side of her face with left face numbness frequently. The injured worker also has "on-and-off chest pain" described as moderate with "less difficulty breathing". The present complaints are documented in each of the PR-2 day notes submitted for review. The provider did not submit notes that mention the requested "Extended rental of neurostimulator TENS-EMS 12 months; trial of neurostimulator TENS-EMS one month home-based (with supplies)."

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended rental of neurostimulator TENS-EMS 12 months; trial of neurostimulator TENS-EMS one month home-based (with supplies): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines TENS.

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

Decision rationale: The California MTUS guidelines recommends a one-month trial of a tens unit for postoperative in neuropathic pain conditions. The most recent progress note dated January 9, 2015 does not include any complaints of a neuropathy nor is the injured employee in a postoperative period. It is additionally unclear why there is a request for an extended 12-month rental in the absence of a previous one-month trial that demonstrates objective functional improvement. This request for the usage of a tens unit is not medically necessary.