

Case Number:	CM15-0054819		
Date Assigned:	03/30/2015	Date of Injury:	10/15/2013
Decision Date:	05/06/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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, Hawaii
 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 is a 28 year old male, who sustained an industrial injury on 10/15/2013. Diagnoses have included right shoulder sprain/strain, rule out right shoulder internal derangement, right wrist sprain/strain, rule out tenosynovitis, low back pain, rule out lumbar spine radiculopathy and lumbar spine sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine and medication. According to the progress report dated 12/10/2014, the injured worker complained of right shoulder pain and right wrist pain rated 5/10. He also complained of low back pain rated 8/10. The low back pain was associated with numbness and tingling of the bilateral lower extremities. Exam of the right shoulder and right wrist revealed tenderness to palpation. Exam of the lumbar spine revealed tenderness to palpation and limited range of motion. Authorization was requested for a Transcutaneous Electrical Nerve Stimulation (TENS)/ Electrical muscle stimulation (EMS) unit and one month supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS unit and one month supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Section.

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

Decision rationale: The patient presents with right shoulder, wrist, and low back pain. The current request is for TENS/EMS unit and one month supplies. The treating physician states, "The patient rates his shoulder pain as a 6-7/10, on a pain analog scale. His pain is described as constant moderate to severe. His wrist pain is rated 6-7/10 on a pain analog scale. He describes his pain as constant moderate to severe. With regards to back pain the patient rates it a 6-8/10. The pain is associated with numbness and tingling of the bilateral lower extremities. His pain is also aggravated by activities of daily living such as getting dressed and performing personal hygiene. The patient states that the symptoms persist but the medications do offer him temporary relief of pain and improve his ability to have restful sleep. He denies any problems with the medications." (B.10) There is no further discussion of the current request on the Progress Report dated 02/10/15. The treating physician does mention TENS was requested on the report dated 10/09/14 (B.30). The MTUS guidelines state: A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case, the treating physician does not make clear if this current request is a purchase or a trial period. There is no documented trial period being completed previously. The current request is not supported by the guidelines due to limited documentation being provided. The current request is not medically necessary and the recommendation is for denial.