

Case Number:	CM15-0083239		
Date Assigned:	05/05/2015	Date of Injury:	05/03/2013
Decision Date:	06/03/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/30/2015

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 (IW) is a 63-year-old female who sustained an industrial injury on 05/03/2013. Diagnoses include cervical facet syndrome, lumbar radiculopathy, cervical pain, post-concussion syndrome and spasm of muscle. Treatment to date has included medications, physical therapy, cervical medial branch blocks and radiofrequency ablations. Diagnostics included x-rays, electromyography and MRIs. According to the report dated 3/19/15, the IW reported pain in the right neck, right trapezius and right scapular pain, which radiated down the right arm and right thumb. She also complained of lower back pain, greater on the left that radiated down the right leg to the knee and down the left leg with numbness and tingling to the left great toe. The PR2 dated 1/7/15 stated she received moderate relief from use of the TENS unit. A request was made for TENS unit extension of trial x 30 days for myofascial pain relief; this was previously authorized, however, the IW could not obtain it prior to the expiration of the authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit extension of trial x 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy/transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Review indicates the patient has been deemed P&S without any concurrent active therapy treatment. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The TENS unit extension of trial x 30 days is not medically necessary and appropriate.