

Case Number:	CM15-0085185		
Date Assigned:	05/07/2015	Date of Injury:	04/13/2009
Decision Date:	06/16/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania, Ohio, 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 is a 48 year old female who sustained a work related injury April 13, 2009. According to a primary treating physician's report, dated March 27, 2015, the injured worker presented with neck and low back pain, which is constant and slightly improved with Relafen and Cymbalta. There are also complaints of constant headaches which can rate up to 9/10 and notation of bladder and bowel incontinence. Objective findings included moderate spasm C5-C7 spinous process and paraspinals and moderate tenderness C5-C7. Diagnoses are left shoulder impingement; cervical myelopathy/radiculopathy; lumbar/sacral radiculopathy. Treatment plan included adjustment to medications, continue exercise, encouraged weight loss, and at issue, a request for TENS unit electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit electrodes lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: MTUS recommends use of TENS as part of an overall functional restoration program for a neuropathic pain diagnosis. The records at this time do not discuss the functional restorative goals of this patient's past treatment or the benefits overall of past TENS treatment. Without further clarification of the past benefits and goals of TENS usage, the current request for replacement TENS electrodes is not medically necessary.