

Case Number:	CM15-0087186		
Date Assigned:	05/11/2015	Date of Injury:	03/01/2011
Decision Date:	06/23/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on 03/01/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical facet syndrome, cervical pain, cervical disc disorder, cervical radiculopathy, arthropathy not elsewhere classified of the shoulder, and shoulder pain. Treatment and diagnostic studies to date has included use of a transcutaneous electrical nerve stimulation unit, magnetic resonance imaging of the cervical spine, medication regimen, cervical medial branch block, use of ice, use of heat, daily stretching, and relaxation techniques. In a progress note dated 04/01/2015 the treating physician reports complaints of constant, piercing, sharp pain to the neck with radiating pain to the left arm along with symptoms of muscle spasms, numbness, tingling, and weakness. The progress note also documents a restricted range of motion to the cervical spine. The injured worker notes a reduction of pain secondary to pain medication regimen and because of the above listed pain reduction, the injured worker has improved function to perform activities of daily living, along with increased endurance of activities. The pain is rated a 6 out of 10 with medication and an 8 out of 10 without medication. The treating physician requested a transcutaneous electrical nerve stimulation unit and supplies with the treating physician noting that a trial use of a transcutaneous electrical nerve stimulation unit was provided with good relief and that it assisted with flare-ups in pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. Furthermore, the claimant had already undergone numerous other interventions with more evidence to support their use without long-term relief. The length of use was not specified. The request for a TENS unit is not medically necessary.