

Case Number:	CM15-0089953		
Date Assigned:	05/14/2015	Date of Injury:	06/28/2001
Decision Date:	06/15/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/11/2015

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 59 year old male, who sustained an industrial injury on 6/28/2001. He reported working in an engine bay when the left side of the body went numb and subsequently developed neck pain. Diagnoses include chronic neck pain, left shoulder bursitis; status post cervical fusion. The medical records submitted for this review did not include a comprehensive list of prior treatments to date other than the current use of Norco for pain. Currently, he complained of neck pain with radiation into the shoulder, lower back, buttocks and knee. Associated symptoms included swelling, clicking, locking, stiffness, grinding. Pain was considered to be worsening and was rated 7-8/10 VAS. On 4/1/15, the physical examination documented limited cervical range of motion with tenderness noted. The x-ray dated 1/21/15 was reported to reveal mild degenerative disc disease at C3-4 and C4-5 levels. The plan of care included a trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS 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. The length of use was not specified. The request for a TENS unit is not medically necessary.