

Case Number:	CM13-0008115		
Date Assigned:	09/17/2013	Date of Injury:	05/01/2008
Decision Date:	01/31/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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/services.

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 patient is a 64-year-old female who reported an injury on 05/01/2008. The patient is currently diagnosed with cervical and trapezial sprain and strain with right upper extremity radiculitis and right shoulder parascapular sprain and strain with bursitis, tendonitis, and impingement. The patient was seen by [REDACTED] on 08/16/2013. The patient's physical examination revealed tenderness to palpation with spasm over the paravertebral musculature bilaterally and trapezius muscles, positive axial compression testing with increased radicular symptoms into bilateral upper extremities, diminished range of motion, and decreased sensation into the right upper extremity along C5-6 dermatome. Treatment recommendations included a cervical epidural steroid injection and continuation of home therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 lead transcutaneous electrical nerve stimulation (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be

considered as an noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. There should be documentation of pain at least 3 months in duration and evidence that other appropriate pain modalities have been tried and failed. As per the clinical notes submitted, the patient has been previously treated with home exercise program, medication, physical therapy, acupuncture, heat and cold applications. The patient's latest physical examination does reveal tenderness to palpation with restricted range of motion and paravertebral spasm. While the patient may meet criteria for the use of a TENS unit, there is no evidence presented why a 4-lead instead of a 2-lead device is needed. Based on the clinical information received, the request is non-certified.

Batteries QTY: 18: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Adhesive removers (for A4456), QTY: 24: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Electrodes, QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.