

Case Number:	CM13-0031857		
Date Assigned:	12/11/2013	Date of Injury:	11/16/2005
Decision Date:	02/19/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/04/2013

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 is licensed to practice in Oklahoma 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43 year old male who reported an injury on 11/16/2005. The patient is currently diagnosed with cervical spine degenerative disc disease and thoracic spine degenerative disc disease. The patient was seen by [REDACTED] on 09/16/2013. Physical examination revealed tenderness to palpation with positive spasm in the cervical and thoracic spine. Treatment recommendations included a TENS unit for the cervical and thoracic spine as well as Terocin lotion and acupuncture twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: California MTUS Guidelines state transcutaneous electro-therapy is not recommended as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence based functional restoration. As per the clinical notes submitted, there is no documentation of

persistent pain despite other appropriate pain modalities. There is also no evidence of a treatment plan including the specific short and long term goals of treatment with the TENS unit. Based on the clinical information received, the request is non-certified.