

Case Number:	CM14-0117673		
Date Assigned:	09/16/2014	Date of Injury:	11/17/2009
Decision Date:	10/21/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Critical Surgical Care and is licensed to practice in 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 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/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 injured worker is a 44-year-old male who was reportedly injured on 11/17/2009. The last progress report dated 06/16/2014 indicated the injured worker having consistent sharp pain rating 7/10 in the cervical spine radiating to the upper extremities. Pain is aggravated by repetitive motion of the neck and working at or above shoulder level. There is constant low back pain rating 7/10 that is aggravated by bending, lifting, twisting, prolonged sitting and standing and walking multiple blocks. Pain is rated 9/10 in the lower extremities. Examination reveals cervical paravertebral muscle tenderness with spasm, positive axial loading compression and Spurling's test, limited cervical range of motion limited with pain and normal upper extremity strength and sensation. Regarding the lumbar spine, there is lumbar paravertebral muscle tenderness with spasm, positive seated nerve root test, lumbar flexion and extension is guarded and restricted, tingling and numbness in the lateral thigh and anterolateral and posteriolateral leg and foot in a L5 and S1 dermatomal pattern and 4/5 strength in the extensor hallucis longus and ankle plantar flexors, which are L5 and S1 innervated muscles. Regarding the shoulder, there is tenderness around the anterior glenohumeral region and subacromial space, positive Hawkin's and impingement signs, rotator cuff function intact and painful, reproducible symptomatology with internal rotation and forward flexion. There is also some wrist swelling and some stiffness due to immobilization. A request was made for TENS(Trancutaneous Electrical Nerve Stimulation) Unit and was not certified on 06/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS(Trancutaneous Electrical Nerve Stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS(Trancutaneous Electrical Nerve Stimulation) Unit. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The TENS unit is not supported by Official Disability Guidelines, as there is little evidence that TENS is useful for the treatment of pain of the shoulder. Given the date of injury in 2006, it is doubtful that this represents an initial conservative care for which TENS might be indicated. As such, the request is not medically necessary.