

Case Number:	CM14-0118422		
Date Assigned:	08/18/2014	Date of Injury:	04/30/2014
Decision Date:	10/09/2014	UR Denial Date:	06/20/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 23 year old male who was injured on 04/04/2014 when he was struck by a forklift forcefully knocking him down to the ground on his left side. He felt pain in his skull, low back, and left shoulder. Progress report dated 05/23/2014 indicates the patient presented with intermittent sharp pain in his left shoulder and lower back region. He rated his back pain as and left shoulder pain as 5/10. The left shoulder pain increases with repetitive movement of his left arm. On examination, the left shoulder revealed tenderness to palpation of the corticoid process and AC joint regions and parafacet regions at L1-L3. Lumbar spine range of motion is restricted. The patient is diagnosed with lumbar spine sprain/strain and left shoulder sprain/strain. The patient was recommended for home exercise program to focus on muscle strengthening and increasing range of motion as well as adjunctive use of a TENS machine therapy at home may also help with pain and function. Prior utilization review dated 06/20/2014 states the request for TENS unit/supplies is denied as it has no proven efficacy in treating low back complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit/supplies: 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 TENS, CHRONIC PAIN Page(s): 114-117. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, TENS

Decision rationale: Base on the Chronic Pain Medical Treatment Guidelines, a TENS unit is an acceptable modality for home use over a one month trial period if it is used in conjunction with other evidence-based functional restoration modalities. The guidelines recommend renting a TENS unit during the one month trial period as well. There is no supporting documentation to indicate other pain modalities have been tried and failed. Therefore the request is not medically necessary at this time .