

Case Number:	CM14-0121684		
Date Assigned:	09/16/2014	Date of Injury:	07/12/2013
Decision Date:	10/24/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family Medicine, and is licensed to practice in Tennessee, California, and Florida. 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 37 year old female whose date of injury is 07/12/13. The injured worker felt pain in her right forearm while working. She developed numbness and tingling in the first three fingers of her hand and also felt pain in her right wrist/shoulder. The injured worker underwent right C7 sympathetic ganglion block on 07/16/14 and right stellate ganglion block on 07/30/14. Progress note dated 08/18/14 indicates that the injured worker feels better after having two nerve block injections and she currently rates her pain as 1-2/10. She is moving her right hand very well and has good range of motion. Diagnosis is right wrist pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

The purchase of a Transcutaneous Electrical Nerve Stimulator Unit (TENS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulator Unit (TENS) for Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for purchase of a transcutaneous electrical nerve stimulator unit is not recommended as medically necessary. The submitted records indicate that the injured worker has utilized a TENS unit; however, there are

no objective measures of improvement provided to establish efficacy of treatment and support purchase of the unit as required by CA MTUS guidelines. Additionally, there are no specific, time-limited treatment goals provided in accordance with CA MTUS guidelines. The request for TENS Unit is not medically necessary.