

Case Number:	CM14-0124800		
Date Assigned:	08/11/2014	Date of Injury:	09/03/1999
Decision Date:	10/09/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/07/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 63-year-old female with date of injury of 09/03/1999. The listed diagnoses are [REDACTED] from 07/11/2014 are: 1.Myofascial pain syndrome, chronic 2.Cervical and lumbar spine strain, chronic3.Rotator cuff syndrome, right 4.Cervical radiculopathy5. Lumbosacral radiculopathyAccording to this handwritten progress report, the patient continues to complain of pain in the lumbar spine with some numbness and tingling in the right hand and right foot. The patient is currently not working. The exam shows a positive right straight leg raise. Positive right Spurling's test. Decreased right fist/right-hand sensation, reflexes and strength. Decreased range of motion of the back and neck by 10% in all planes. The utilization review denied the request on 07/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) TENS Pads for the Cervical and Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain Page(s): 114-116.

Decision rationale: This patient presents with pain in the lumbar spine. The treater is requesting 2 TENS pad for the cervical and lumbar spine. The MTUS guidelines page 114 to 116 on TENS unit supports its use for neuropathic pain conditions, which this patient may be suffering from. However, for a home unit use, documentation of use and functional improvement is required. Despite the review of records from 01/13/2014 to 07/11/2014, there is no documentation of the patients use of the TENS unit. More importantly, there is no documentation that the TENS unit is reducing the patient's pain and improving function. The request is not medically necessary.