

Case Number:	CM14-0126818		
Date Assigned:	08/13/2014	Date of Injury:	10/05/2013
Decision Date:	09/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/11/2014

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 61 year old female who was injured on 10/15/2013. The mechanism of injury is unknown. Progress report dated 07/08/2014 documented the patient was continuing with physical therapy and was improving. On exam, she has an antalgic gait and is able to heel and toe walk without difficulty. The cervical spine revealed tenderness to palpation in the upper, mid, and lower paravertebral and trapezius muscle. Range of motion revealed flexion is 30 with 40 degrees right lateral bending; 40 degrees left lateral bending; 45 degrees right lateral rotation; 40 degrees left lateral rotation and 30 degrees extension. There is increased pain with cervical motion. The lumbar spine revealed tenderness to palpation in the upper, mid and lower paravertebral muscle. The range of motion is flexion to within 25 degrees, right lateral bending 20 degrees; left lateral bending to 20 degrees; right lateral rotation to 20 degrees; left lateral rotation to 20 degrees and extension to 15 degrees. Diagnoses are left cervical radiculopathy; bilateral shoulder girdle strain; left cervical radiculopathy, lumbar radiculopathy; lumbar protrusion L1-L2 and L5-S1. The patient was recommended for a TENS unit to provide the patient with symptomatic relief. Prior utilization review dated 08/01/2014 states the request for TENS/EMS Unit 6 months with supplies is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS/EMS Unit 6 months with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, TENS unit is an acceptable modality for home use over a month trial period if it is used in conjunction with other evidence-based functional restoration modalities. A treatment plan including specific short and long-term goals of treatment with the TENS unit should be submitted. In this case, there is a lack of supporting documentation to indicate the necessity for this kind of treatment therefore. Such as TENS/EMS Unit 6 months with supplies is not medically necessary.