

Case Number:	CM14-0138410		
Date Assigned:	09/05/2014	Date of Injury:	04/13/2009
Decision Date:	10/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational Medicine 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:

Patient is a 51 year-old male with date of injury 04/09/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 03/03/2014, lists subjective complaints as neck pain and associated bilateral upper extremity pain. Objective findings: Examination of the cervical spine revealed no tenderness, deformity or injury. Range of motion was unremarkable. Strength and tone were normal. There was no gross instability. Examination of the upper left extremity was negative for tenderness, deformity or injury. Range of motion was unremarkable. No gross instability, and strength and tone were normal. Neck: range of motion was limited. Mild to moderate spasm and tenderness was noted. Diagnosis: 1. Cervical spondylosis without myelopathy. Patient has previously undergone treatment with a TENS unit back in 2010.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Digi Select Empi rental for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed.