

Case Number:	CM14-0165394		
Date Assigned:	10/10/2014	Date of Injury:	04/16/2013
Decision Date:	11/12/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/07/2014

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 internal medicine, and is licensed to practice in California & Illinois. 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 45-year-old female who reported an injury on 04/16/2013. The mechanism of injury was not provided. On 08/23/2014, the injured worker presented with neck pain radiating into the right shoulder. Upon examination, there was decreased cervical range of motion and a positive empty can test. The diagnoses were cervical sprain/strain of the neck and the shoulder unspecified site, rotator cuff syndrome, and shoulder impingement syndrome. Prior therapies were not provided. The provider recommended a TENS unit purchase. The provider's rationale was not provided for review. The Request for Authorization form was dated 08/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENs Page(s): 116.

Decision rationale: The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1 month home based TENS trial may be considered as an

noninvasive conservative option, if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive, and the published trials have not provided information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. There is lack of documentation indicating significant deficits on physical examination. The efficacy of the injured worker's previous courses of conservative treatment were not provided. It is unclear if the injured worker underwent an adequate TENS trial. The request also does not specify the site at which the TENS unit was indicated for in the request as submitted. As such, the request for a TENS unit purchase is not medically necessary.