

Case Number:	CM14-0096605		
Date Assigned:	07/28/2014	Date of Injury:	06/14/2013
Decision Date:	10/01/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/24/2014

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 Nevada. 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 records presented for review indicate that this 46 year old gentleman was reportedly injured on June 14, 2013. The mechanism of injury is noted as being hit by an object on his left side. The most recent progress note, dated April 25, 2014, indicates that there are ongoing complaints of cervical spine pain radiating to the bilateral upper extremities on the left greater than the right side. There were also complaints of low back pain. The physical examination demonstrated decreased left sided grip strength and muscle strength of 4/5, and tenderness over the cervical spine with spasms. Diagnostic imaging studies of the cervical spine show mild to moderate cervical spondylosis most severe at C5 to C6. Previous treatment includes acupuncture and oral medications. A request was made for the purchase of a transcutaneous electrical nerve stimulation (TENS) unit and was not certified in the preauthorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME PURCHASE; TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 113 - 116.

Decision rationale: According to the California Chronic Guidelines the criteria for the usage of a Transcutaneous electrical nerve stimulation (TENS) unit includes evidence that other appropriate pain modalities including medications have been tried and failed. Prior to purchase there should also be a one month trial. Documenting how often the unit was used as well as the outcomes of pain relief and function. There is no documentation that prior medications for this individual have not been effective nor is there documentation of the outcome of a one month trial.. As such, this request for the purchase of a TENS unit is not medically necessary.