

Case Number:	CM14-0204054		
Date Assigned:	12/16/2014	Date of Injury:	06/17/2006
Decision Date:	02/06/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 32 year old female with an injury date of 06/17/06. Based on the 10/27/14 progress report, the patient complains of hip pains, headaches, low back pain, and left wrist pain. The hip pain is deep, aching, and can be very acute at times. The patient has pain in the neck that radiates over the top of the head and causes frontal headaches. The low back pain is localized, moderate, aching and sometimes sharp and is worse with physical activity. The left wrist pain is worse with flexion and has a weakened grip. The patient received EMG on 10/24/14 and it showed the compressed nerve on the left elbow and radiculopathy in C5. Examination shows tenderness to palpation of the paraspinal muscles between L1-S1 region bilaterally with multiple tender points and muscle rigidity. Cervical spine exam shows decreased sensation to light touch in the C6, C7 dermatomes bilaterally with decreased grip strength right hand. Muscle guarding noted to the paraspinal muscles with multiple trigger points. The diagnoses include following: 1. Degeneration of cervical disc 2. Myalgia 3. Degeneration of lumbar intervertebral disc 4. Pelvic/Hip pain 5. Neck pain 6. Low back pain 7. Trochanteric bursitis Current medications are Cyclobenzaprine, Ibuprofen, Lidoderm Patches, and Cymbalta. The treating physician is requesting patches for TENS unit per 11/18/14 report. The utilization review determination being challenged is dated 11/25/14. The requesting physician provided treatment reports from 03/13/14-10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patches for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

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

Decision rationale: This patient presents with hip pains, headaches, low back pain, and left wrist pain. The request is for patches for TENS unit. According to MTUS guidelines support the use of TENS unit for neuropathy, CRPS, MS, phantom limb pain, Spasticity, but not for other conditions. MTUS also require documentation of "how often the unit was used, as well as outcomes in terms of pain relief and function." In this case, the treater does not discuss how this unit is being used with what benefit. There is no documentation of pain reduction with functional gains with the use of TENS. Furthermore, the patient does not present with any of the diagnoses for which TENS units would be indicated. The request is not medically necessary.