

Case Number:	CM14-0217767		
Date Assigned:	01/07/2015	Date of Injury:	05/17/2014
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 5/17/14. She has reported a neck injury and head injury with loss of consciousness. The diagnoses have included traumatic brain injury with post contusion symptoms, cervical strain with left radiculopathy, and lumbosacral strain with right radiculopathy, left and right shoulder strain and right triceps strain. Treatment to date has included cortisone injection to left shoulder, physical therapy, acupuncture and medications. It is noted she had left shoulder bursitis surgery 30 years ago. X-rays of cervical spine, lumbar spine, right shoulder and left shoulder were performed on 11/21/14. Currently, the IW complains of pain in severe pain, stiffness and soreness in neck with radiation to upper back and left upper extremity. She complains of weakness, numbness and tingling in the left upper extremity to the 2nd digit. Diffuse tenderness to palpation along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex and rotator cuff on the left. On 12/17/14 Utilization Review non-certified a TENS unit, noting the request is not medically necessary and she does not meet the criteria guidelines. The MTUS, ACOEM Guidelines was cited. On 12/24/14, the injured worker submitted an application for IMR for review of TENS unit.

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 Transcutaneous Electrotherapy Page(s): 114-116.

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

Decision rationale: The patient was injured on 05/17/14 and presents with pain in severe pain, stiffness and soreness in neck with radiation to upper back and left upper extremity. The request is for a TENS UNIT PURCHASE. There is no RFA provided and the patient has a modified work duty with no overhead work, no stooping/bending, and no kneeling/squatting. The patient is diagnosed with traumatic brain injury with post contusion symptoms, cervical strain with left radiculopathy, lumbosacral strain with right radiculopathy, left/right shoulder strain, and right triceps strain. She complains of weakness, numbness and tingling in the left upper extremity to the 2nd digit. There is diffuse tenderness to palpation along the acromioclavicular joint, biceps tendon groove, supraspinatus deltoid complex, and rotator cuff on the left. Review of the reports provided does not indicate if the patient has used the TENS unit before. Per MTUS guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. In this case, there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. There are no discussions regarding any outcomes for pain relief and function. The patient does present with radicular symptoms and a trial of TENS may be reasonable. However, without a one-month trial, a home unit is not recommended per MTUS. The request IS NOT medically necessary.