

Case Number:	CM14-0218128		
Date Assigned:	01/07/2015	Date of Injury:	12/15/2011
Decision Date:	03/03/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/30/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female worker was injured when she hurt her left shoulder and neck while emptying trash into a dumpster. The date of injury was December 15, 2011. Diagnoses include sprain of neck, cervical disc degeneration, carpal tunnel syndrome, sprain shoulder/arm NOS, brachial neuritis NOS and sprain of wrist. On October 23, 2014, she underwent a cervical epidural steroid injection. On October 28, 2014, the injured worker stated that a corticosteroid injection to her neck brought about significant relief to her neck pain and the radiating down her arm. She still had some numbness and tingling into her left hand. Physical examination revealed improvement in range of motion of the neck but she still had some restriction with extension. Bilateral upper extremity grip measurements were 2/2/2 on the right hand and 2/4/2 on the left. Medications were also listed as treatment. A request was made for the purchase of a TENS unit. On December 1, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS Unit for cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy,.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for chronic radiating neck pain. Treatments have included medications, physical therapy, trigger point injections, and epidural steroid injections. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Therefore, the requested TENS unit purchase was not medically necessary.