

Case Number:	CM14-0219204		
Date Assigned:	01/09/2015	Date of Injury:	01/24/2014
Decision Date:	03/06/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

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 47 year old male, who sustained an industrial injury on January 24, 2014. He has reported bilateral shoulder pain, mid back pain and muscle spasms and low back pain and muscles spasms. The diagnoses have included bilateral shoulder sprain/strain, shoulder tendonitis, thoracic spine pain, thoracic spine HNP, lumbar spine sprain/strain, low back pain, lumbar disc displacement HNP and radiculitis of the lower extremity. Treatment to date has included chiropractic therapy, pain management, an MRI of the left shoulder on 3/10/2014 revealed a flat acromion and persistent/recurrent tendinosis. An MRI of the thoracic spine on 11/8/2014 revealed a possible element of myospasm disc desiccation at T3-T4, T5-T6 and T6-T7, focal central disc herniation at T3-T4, T5-T6 and T6-T7. An MRI of the lumbar spine on November 8, 2014 revealed disc desiccation at L4-L5 and L5-S1 with associated loss of disc height at L5-S1, broad base disc herniation of L4-L5 and L5-S1. Currently, the injured worker complains of bilateral shoulder pain, mid-back pain and muscles spasms and low back pain with muscle spasms. The injured worker indicated that his low back pain was associated with numbness and tingling and was constant in nature. On December 2, 2014 Utilization Review non-certified a request for one TENS unit for unknown body part, rental, frequency and duration not provided as an outpatient between 12/1/2014 and 1/15/2015, noting that there were no medical notations proved for review which indicated there were an subjective or objective complaints or limitations which clarify the rationale. The ACOEM Guidelines were cited. On December 31, 2014, the injured worker submitted an application for IMR for review of one

TENS unit for unknown body part, rental, frequency and duration not provided as an outpatient between 12/1/2014 and 1/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit for unknown body part, rental, frequency and duration not provided:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has multiple chronic joint and spinal conditions and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit or evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The One (1) TENS unit for unknown body part, rental, frequency and duration not provided is not medically necessary and appropriate.