

Case Number:	CM15-0014345		
Date Assigned:	02/02/2015	Date of Injury:	12/19/2012
Decision Date:	03/27/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/26/2015

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, Arizona

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 42-year-old female who reported injury on 12/19/2012. The most recent documentation submitted for review was dated 10/14/2014. The mechanism of injury was not provided. The injured worker indicated that acupuncture was helping her symptoms. The injured worker had complaints of symptomatic neck pain that radiated into the head and was associated with headaches. The injured worker had increased numbness in the right hand in the ulnar nerve distribution of the right ring finger and the small finger. The injured worker had complaints of difficulty with sleep maintenance. Prior treatments included medications and 16 visits of acupuncture, as well as 12 visits of physical therapy. The injured worker was utilizing Lidoderm patches for neuropathic pain and Norco 5/325 as needed for severe pain. Physical examination revealed the injured worker had minimal palpable muscle spasms. The injured worker had marked decrease in grasp strength. The injured worker had decreased range of motion of the cervical spine. The diagnoses included blow to the face with cervical spine sprain and strain and persistent headaches and MRI findings of posterior focal cervical disc extrusion at C5-6 and posterior left paracentral disc extrusion at C6-7 per MRI of 12/21/2012. Additional diagnoses included bilateral upper extremity radicular symptoms, nasal bone fracture and nasal septum fracture with nasal valve stenosis and hypertrophy of nasal turbinates with lacrimation of the right side per ENT evaluation 09/23/2013. The request was made for Lidoderm patches, acupuncture and a 6-month gym membership as well as aquatic therapy. The injured worker had a TENS unit and found it beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit replacement pads, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-116. Decision based on Non-MTUS Citation BlueCross BlueShield (2007) TENS

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend TENS units for a 1 month trial as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. The clinical documentation submitted for review indicated the injured worker found the unit beneficial. However, there was a lack of documentation objective functional benefit and an objective decrease in pain. Additionally, there was a lack of documentation the quantity of replacement pads being requested. Given the above, the request for TENS unit replacement pads, quantity unspecified is not medically necessary.