

Case Number:	CM15-0014509		
Date Assigned:	02/02/2015	Date of Injury:	09/29/2014
Decision Date:	03/30/2015	UR Denial Date:	12/30/2014
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

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 29-year-old female who reported an injury on 12/02/2010. The mechanism of injury was not included. Her diagnoses included stress, cervical strain, and gastritis. Her medications included diclofenac XR, omeprazole 20 mg, and Aleve. The evaluation note dated 12/05/2014 documented on physical examination, the injured worker has negative Spurling's negative tenderness over the paracervical musculature, negative muscle spasms, and motor testing is 5/5 to all muscle groups of the upper extremities. Sensation is within normal limits over the upper extremities. Neurovascular status is intact. Reflexes are 2+ to the bilateral biceps, triceps, and brachial radialis. Range of motion of the cervical spine was measured at flexion is chin to chest, extension is 30 degrees, lateral right and left bends are 30 degrees, rotation of the right and left are 75 degrees. Bilateral shoulder motor testing was 5/5 to all muscle groups. Shoulder range of motion was all within normal limits. All shoulder testing was negative. Lumbar spine testing indicated gait and posture within normal limits, no tenderness to the lower lumbar musculature or posterior superior iliac spine region. No muscle spasms were present. Motor testing is 5/5 to all muscle groups of the lower extremities. Walking on tiptoes is performed without difficulty. Walking on heels is performed without difficulty. Deep tendon reflexes were all +2. Range of motion to the lumbar spine is all within normal limits. Negative straight leg raising bilaterally, and neurovascular status is intact.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS trial, one month home based trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, and Criteria for the use of TENS.

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

Decision rationale: The request for TENS trial, one month home based trial is not medically necessary. The California MTUS Guidelines state the criteria for the use of a TENS unit include documentation of pain of at least 3 months, duration and evidence that appropriate modalities have been tried and failed. There is a lack of documentation of pain assessment or other appropriate pain modalities that have been tried and failed. Therefore, the request for TENS trial, one month home based trial is not medically necessary.