

Case Number:	CM15-0119809		
Date Assigned:	06/30/2015	Date of Injury:	04/27/2010
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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 was a 53 year old female, who sustained an industrial injury, April 27, 2010. The injured worker previously received the following treatments chiropractic services, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the bilateral upper extremities, Soma, Oxycodone, physical therapy, home exercise program, Dilaudid, Trazadone, Cymbalta, Hydroxyzine, Zofran and Melatonin. The injured worker was diagnosed with lumbosacral disc degeneration, disc herniation of the cervical spine, chronic neck pain, cervical facet joint dysfunction, cervical degenerative disc disease and cervical radiculopathy. According to progress note of May 5, 2015, the injured worker's chief complaint was neck pain with radiation of pain down the left arm with numbness and tingling. The injured worker was complaining of spasms in the shoulder, also. The injured worker was experiencing low back pain with radiation down the left leg to the knee. The left hip pain had improved after the trochanter bursa injection. The injured worker currently rated the pain at 8 out of 10. The dilaudid brought the pain from 10 out of 10 to 9 out of 10. The physical exam noted cervical paraspinal muscle tenderness. There was bilateral upper trapezius muscle tenderness. The cervical range of motion was limited primarily in flexion and extension. There was moderate tenderness in the right anterior shoulder. The right shoulder showed positive impingement sign. There were mild limitations in the right shoulder with flexion and extension. The treatment plan included TENS (transcutaneous electrical nerve stimulator) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for purchase times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

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 received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered for the unit purchase. The TENS unit for purchase times 1 is not medically necessary and appropriate.