

Case Number:	CM15-0174206		
Date Assigned:	09/16/2015	Date of Injury:	10/15/2011
Decision Date:	10/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/03/2015

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: Emergency Medicine

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 37 year old male, who sustained an industrial injury on October 15, 2011, incurring neck spine and right shoulder injuries. He was diagnosed with brachial neuritis and radiculitis, cervical brachial syndrome and cervical radiculopathy. Treatment included pain medications, anti-inflammatory drugs, proton pump inhibitor, and acupuncture, physical therapy, and activity restrictions. Currently, the injured worker complained of ongoing pain to the low back and leg, neck and right shoulder rated as 8 out of 10 without medications. He noted increased pain to his low back radiating into his leg. He had decreased strength in his muscles with limited range of motion of his right shoulder interfering with his activities of daily living. The injured worker's pain was aggravated by prolonged periods of sitting, standing, walking and driving. The treatment plan that was requested for authorization, on September 3, 2015, included a transcutaneous electrical stimulation unit rental or purchase. On September 1, 2015, a request for a transcutaneous electrical stimulation unit for rental or purchase was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transcutaneous Electrical Nerve Stimulator unit rental or purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The requested 1 Transcutaneous Electrical Nerve Stimulator unit rental or purchase, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has ongoing pain to the low back and leg, neck and right shoulder rated as 8 out of 10 without medications. He noted increased pain to his low back radiating into his leg. He had decreased strength in his muscles with limited range of motion of his right shoulder interfering with his activities of daily living. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, 1 Transcutaneous Electrical Nerve Stimulator unit rental or purchase is not medically necessary.