

Case Number:	CM15-0074709		
Date Assigned:	04/24/2015	Date of Injury:	08/14/2014
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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: New York, West Virginia, Pennsylvania
 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 40 year old male injured worker suffered an industrial injury on 08/14/2014. The diagnoses included acute lumbar strain, acute severe strain of the left trapezius muscle and bilateral lower extremity numbness. The injured worker had been treated with medications, home exercise program, chiropractic therapy and heating pads. On the treating provider reported cervical lumbar spine pain and left shoulder pain rated 2 to 3/10. On exam the cervical and lumbar spine revealed slight loss of range of motions with spasms and active trigger points. The left shoulder had tenderness with positive impingement signs. The treatment plan included trial of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thirty day trial of TENS unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

Decision rationale: Guidelines do not recommend TENS as a primary treatment modality. A one month home based trial may be considered as an adjunct to evidence based functional restoration for certain conditions such as neuropathic pain, complex regional pain syndrome, spasticity in spinal cord injury and multiple sclerosis. The patient must present with one of these conditions and have pain of at least 3 months duration and evidence that other pain modalities have been tried and failed. In this case, there was no documentation that other appropriate pain modalities had been tried and failed. The patient had responded to chiropractic care. Given the improvement noted with other treatment, the request for TENS unit 30 day trial is not medically appropriate and necessary.