

Case Number:	CM15-0098372		
Date Assigned:	05/29/2015	Date of Injury:	02/14/2014
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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: Pennsylvania, Ohio, 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 53 year old male, who sustained an industrial injury on 2/14/2014. The mechanism of injury is unknown. The injured worker was diagnosed as having neck and thoracic sprain. Electro diagnostic studies were within normal limits. Treatment to date has included physical therapy, chiropractic care and medication management. In a progress note dated 4/29/2015, the injured worker complains of neck discomfort and intermittent tingling in the bilateral upper extremities. Physical examination showed negative neurological examination and tenderness in the cervical facet joint. The treating physician is requesting TENS (transcutaneous electrical nerve stimulation) unit-30 day trial and physical therapy for one visit to instruct on TENS (transcutaneous electrical nerve stimulation) unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

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

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records do not clearly document a functional restorative treatment program in conjunction with this request. Thus this request is not medically necessary and it also follows that the corresponding PT request for instruction in TENS unit is also not medically necessary.

Physical therapy x 1 for TENS unit instruction: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 114-117.

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

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records do not clearly document a functional restorative treatment program in conjunction with this request. Thus this request is not medically necessary and it also follows that the corresponding PT request for instruction in TENS unit is also not medically necessary.