

Case Number:	CM14-0136482		
Date Assigned:	09/03/2014	Date of Injury:	05/02/2013
Decision Date:	12/24/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46 year old with an injury date on 5/2/13. Patient complains of pain in her bilateral wrists, right shoulder rated 7/10, cervical spine, and lumbar spine rated 9/10 per 7/14/14 report. Patient has completed physical therapy (30 sessions to date) and "it helped a little," but she continues to have pain in her right shoulder and lumbar spine per 7/14/14 report. Based on the 7/14/14 progress report provided by the treating physician, the diagnoses are: 1. Mild neural foraminal narrowing on the left at C4-5 and C5-6. 2. Discogenic changes L4-5 and L5-S1. 3. 6mm disc protrusion at L5-S1. 4. 4mm disc protrusion at L4-5. Exam on 4/7/14 showed "L-spine range of motion limited, with extension at 20 degrees. C-spine range of motion is limited, with flexion reduced to 40 degrees. Negative straight leg raise" Patient's treatment history includes physical therapy, medications, work restrictions. The treating physician is requesting TENS unit. The utilization review determination being challenged is dated 8/8/14. The requesting physician provided treatment reports from 2/27/14 to 7/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: This patient presents with bilateral wrist pain, right shoulder pain, neck pain, and back pain. The treater has asked for Home TENS UNIT on 7/14/14 as patient "would benefit from a home TENS unit to help alleviate pain." Regarding TENS units, MTUS guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the patient does not have a diagnosis of Neuropathic pain, Phantom limb pain, CRPS, Spasticity or Multiple sclerosis. The requested TENS unit trial is not indicated for this type of condition. Therefore, the request is not medically necessary.