

Case Number:	CM14-0144056		
Date Assigned:	09/12/2014	Date of Injury:	04/21/2014
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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 Occupational Medicine 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 records presented for review indicate that this 50-year-old female was reportedly injured on April 21, 2014. The mechanism of injury is noted as having a shelf fall on her head. The most recent progress note, dated July 24, 2014, indicates that there were ongoing complaints of headaches and pain at the base of the skull as well as neck pain and spasms. There was associated numbness and tingling in the bilateral upper extremities. Current medications include ibuprofen. Pain is rated at 6-7/10. The physical examination demonstrated tenderness along the suboccipital muscles, scalenes, as well as the upper trapezius. There was decreased range of motion of the cervical spine as well as a positive cervical distraction and compression test on both the right and left side. A neurological examination indicated decreased sensation at the C5 through T-1 dermatomes bilaterally. Muscle strength in the upper extremities was rated at 4/5. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for the use of a TENS unit with two months of supplies and was not certified in the pre-authorization process on August 20, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for cervical spinr with 2 months of supplies (electrodes, batteries, and lead wires): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment Guidelines (ODG Treatment in Workers Comp 2nd Edition)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127..

Decision rationale: The California Chronic Pain Treatment Guidelines support the use of a TENS unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions such as neuropathic pain or chronic regional pain syndrome and for acute postoperative pain in the first 30 days following surgery. Based on the evidence-based trials, there is no support for the use of a TENS unit as a primary treatment modality. Additionally there is no record of a prior 30 day trial of use. As such, this request for a TENS unit for the cervical spine with two months of supplies is not medically necessary.