

Case Number:	CM14-0147569		
Date Assigned:	09/15/2014	Date of Injury:	06/10/2013
Decision Date:	10/21/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/11/2014

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 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 injured worker is a 49-year-old male who reported an injury on 06/10/2013 due to an unknown mechanism. Diagnoses were head injury not otherwise specified, 5th metatarsal fracture, postconcussion syndrome, cervical radiculitis, carpal tunnel syndrome, and ulnar nerve lesion. Physical examination on 09/08/2014 revealed complaints of neck pain that were rated a 6/10 with intermittent flare ups. There were complaints of headaches on and off. Left shoulder pain was rated a 5/10 to 6/10. There were complaints of bilateral wrists. Examination of the cervical spine revealed paravertebral muscles, spasm, tenderness, tight muscle band and trigger point (a twitch response was obtained along with radiating pain on palpation) was noted on both sides. Medications were tramadol, Biofreeze pack, Voltaren Gel 1%, cephalexin, glimepiride, and Janumet XR. Treatment plan was for purchase of a TENS unit. The rationale was the injured worker had treatments with a TENS unit while getting chiropractic treatments. He reported the TENS unit helped relieve the pain and found it beneficial. TENS unit purchase was being requested. The goal was to minimize the pain, improve functionality, and decrease dependency on pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 request to purchase a TENS two lead: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES, Interferential Current Stimulation, Galvanic Stimulation Page(s): 121, 118, 117.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommends a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices), as there is no evidence to support their use in chronic pain. They do not recommend interferential current stimulation (ICS) as an isolated intervention. It was not reported that the injured worker had a 1 month trial of the TENS unit. It was not reported that conservative care modalities such as medications, physical therapy, acupuncture, or chiropractic sessions have failed. Therefore, this request for 1 request to purchase a TENS two lead unit is not medically necessary.