

Case Number:	CM13-0002130		
Date Assigned:	12/27/2013	Date of Injury:	03/26/2004
Decision Date:	01/03/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Records reviewed (rfa 6/6/13, script;. ame rpt; supp ame rept-talks about tens). The date of injury is 03/26/04 (9 years ago). The patient is 61 years old with multiple complaints, including low back pain. The injury occurred when the patient slipped and fell. Requested was a TENS unit (actually a prime dual unit, TENS/EMS). It is unclear whether this is for rental or purchase. A one-month trial of the prime dual unit was authorized, but the result from that trial was not reported. There is insufficient information upon which to base a cogent determination of medical necessity. The medical necessity of this request is unsupported by the records. This conclusion is consistent with the Chronic Pain Medical Treatment Guidelines, MTUS, pages 113-117.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines section on TENS, page 114 states "a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program with evidence-based functional restoration" for various forms of neuropathic pain. As per an initial physician review, the

medical records are unclear in terms of Final Determination Letter for IMR Case Number CM13-0002130 3 whether this current request is for a TENS rental or purchase as well as the results from an initial TENS trial if this is a request for purchase. Therefore, overall, at this time the medical records and guidelines do not support this request. This request is not medically necessary.