

Case Number:	CM13-0012044		
Date Assigned:	06/06/2014	Date of Injury:	08/01/2002
Decision Date:	07/23/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/16/2013

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 Orthopedic Surgery, has a subspecialty in Spine Surgery, 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 60-year-old female who reported an injury on 08/01/2002. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar pain, thoracic pain, cervicgia, and shoulder pain. Previous treatments included physical therapy, medication, and Functional Capacity Evaluation. Within the clinical note dated 07/17/2013, it was reported the injured worker complained of pain in her left elbow. On the physical exam cervical spine, the provider noted full range of motion, minimal left paraspinal tenderness, and a negative Spurling's. He noted no tenderness over the bilateral shoulders. Upon the examination of the lumbar spine, the provider noted back is symmetrical without kyphosis or scoliosis, with minimal tenderness midline L5-S1 area. The provider requested a TENS unit, which has helped in the past. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TENS UNIT FOR THE LUMBAR, THORACIC, CERVICAL SPINES AND BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116..

Decision rationale: The request for purchase of a TENS unit for the lumbar, thoracic, cervical spine, and bilateral shoulders is non-certified. The injured worker complained of pain in her left elbow. The California MTUS Guidelines do not recommend a TENS unit as a primary treatment modality. A 1-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The guidelines note there should be evidence that other appropriate pain modalities have been tried and failed, including medication. There is a lack of documentation indicating the injured worker has tried and failed on medication. The documentation submitted indicated the injured worker has utilized a TENS unit in the past; however, there is a lack of documentation indicating the efficacy of the previous treatment. There is a lack of documentation indicating the length of treatment the injured worker has previously had. The guidelines also note rental would be preferred over purchase. The request submitted indicates the provider is requesting the injured worker to have purchased the TENS unit. Therefore, the request for purchase of a TENS unit for the lumbar, thoracic, cervical spine, and bilateral shoulders is not medically necessary and appropriate.