

Case Number:	CM13-0021097		
Date Assigned:	10/11/2013	Date of Injury:	02/08/2013
Decision Date:	02/28/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/06/2013

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 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 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. 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 53-year-old female who reported an injury on 02/08/2012 due to a trip and fall that caused injury to her back. The patient's history included neck fusion and low back pain. Prior treatments for the compensable injury included medications, acupuncture, and physical therapy. The patient's most recent clinical examination findings included restricted cervical range of motion secondary to pain and 5/5 motor strength in the upper and lower extremities. The patient's diagnoses included cervical sprain/strain with a history of fusion and lumbar sprain/strain with disc disease and bulging discs. The patient's treatment plan included a home exercise program, continued medications, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for Durable Medical Equipment (DME): Transcutaneous Electrical Nerve Stimulation (Tens) Unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The requested DME transcutaneous electrical nerve stimulation unit for purchase is not medically necessary or appropriate. The clinical documentation submitted for

review does indicate that conservative treatments have failed to resolve the patient's symptoms. California Medical Treatment Utilization Schedule recommends the use of a TENS unit be based on a 30 day home trial and produces functional benefit and symptom relief. The California Medical Treatment Utilization Schedule recommends a 30 day home trial of a TENS unit for patients who have chronic intractable pain that is unresolved by conservative treatments. The clinical documentation submitted for review does provide evidence that the patient has participated in physical therapy, acupuncture, and been treated with medications that have failed to provide adequate pain relief. Therefore, a 30 day home trial of a TENS unit would be appropriate for this patient. However, the request is for the purchase of a TENS unit and as the patient has not undergone a trial of this treatment, the purchase of this equipment would not be supported by guideline recommendations. As such, the requested transcutaneous electrical nerve stimulation (TENS) unit for purchase is not medically necessary or appropriate.