

Case Number:	CM13-0022671		
Date Assigned:	11/13/2013	Date of Injury:	08/03/2005
Decision Date:	01/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/10/2013

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 Family Medicine and is licensed to practice in Georgia. 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 claimant is a 55 year old man with a date of injury of 8/3/2005 when he slipped and fell into a manhole. He is currently treated for chronic back pain, chronic neck pain and for bilateral knee pain. He has had knee surgeries, epidural steroid injections and facet injection of his spine and is currently treated with medications (including an opioid medication) and a TENS unit. The records document regular use of the TENS unit with significant decrease in pain with that use over pain relief obtained with medication alone and document a plan for its continued use for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 TENS Unit Lead: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, May 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 116.

Decision rationale: The MTUS guideline for treatment of chronic pain state that a TENS unit may be appropriate when chronic pain of three or months is present and when a trial of use has documented outcome with regards to pain relief and function. The medical record contains adequate documentation of regular use of the TENS unit and significant improvement of pain

with use of the TENS unit in addition to pain medications. Replacement leads for the unit are medically necessary for the continued use of a medically necessary TENS unit. The prior UR decision is overturned and 8 TENS unit leads are approved.