

Case Number:	CM13-0023546		
Date Assigned:	11/15/2013	Date of Injury:	09/18/2009
Decision Date:	01/08/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty in Interventional Spine 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:

62 y.o. female with injury from 9/18/09, suffers from chronic pain. Treater's note from 8/20/13 has a long list of diagnoses including myofascial cervicalgia, cervical radiculopathy, right CTS, s/p CTR, right knee internal derangement, s/p arthroscopy, left knee s/p total replacement, anxiety, etc. The treater is requesting authorization for a TENS unit. This is a report by [REDACTED]. The request was denied by Utilization Review letter 8/26/13. Unfortunately, I am not provided with the physician letter to assess the rationale behind the denial. The treating physician on 8/20/13 report states that he is not sure what additional information needs to be provided and the TENS unit is to be used for the patient's chronic knee pain. 10/1/13 report states that the patient's pain has worsened and no longer able to cope with pain. The patient is started on Oxycontin. 10/29/13 report states that pain continues to be severe. 6/10/13 report by [REDACTED] states that the patient is doing better and back to work. She would like to wean off of medication. Reports by [REDACTED] from 7/23/13 and 7/29/13 are reviewed. There is no mention of patient having tried a TENS unit in the past. There is a therapy hand-written note from Feb 2013. I don't see any documentation that the patient has tried a TENS unit. Another therapy report from Jan 2013 without a mention of TENS unit. The patient is treated with IFC/cold. 1/13/13 report by [REDACTED], no mention of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain, Transcutaneous electrical nerve stimulation, N.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The reason for denial of TENS unit is that MTUS require one month trial of TENS unit before one can be provided for the patient. In this case, despite an extensive review of all of the reports, I do not see that the patient has tried TENS unit in the past to allow for a home unit. Based on the patient's chronic pain condition, the patient should be provided with a TENS unit but not before one month trial has been completed with documentation of pain reduction, functional improvement and reduction of medication use. Recommendation is for denial.