

Case Number:	CM13-0025996		
Date Assigned:	11/22/2013	Date of Injury:	04/22/2007
Decision Date:	01/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/18/2013

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:

The patient is a 69 year-old, female with injury from 04/22/2013. She was reported to be walking fast at work and fractured her right hip. She underwent ORIF on 4/22/07. The accepted body regions are reported to be the low back, right knee/femur, and right knee. The IMR application shows a dispute with the 9/18/13 UR decision. The 9/18/13 UR decision is by [REDACTED], and denies purchase of a TENS unit requested on the 7/1/13 medical report from [REDACTED], because there was no evidence of efficacy from a 30-day trial. The 7/1/13 report from [REDACTED] states the patient had good benefit with the TENS at PT. She had 10 PT sessions and the therapist recommended a home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of transcutaneous electrical nerve stimulator (TENS) unit, CMS7000 for use on the lumbar spine and right thigh: Upheld

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

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

Decision rationale: The reporting does not accurately describe the "CMS 7000 TENS" unit. It is not clear whether this is a 2-lead unit or perhaps a combination unit with different types of e-

stim. The MTUS chronic pain guidelines have specific criteria for use of TENS. The reporting does not show evidence that the criteria have been met. There is no discussion of other treatment modalities including medications that have been tried and failed. As the prior UR stated, there was not documentation of a one-month trial of TENS with documentation of how often it was used and outcomes in terms of pain relief and function. There was no discussion of any specific short or long term goals and no discussion on whether the [REDACTED] is a 2-lead unit or 4-lead unit. The requested use of TENS does not meet the MTUS criteria.