

Case Number:	CM13-0026431		
Date Assigned:	11/22/2013	Date of Injury:	12/14/2008
Decision Date:	01/21/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/19/2013

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 Internal Medicine and is licensed to practice in Texas. 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 60 year old female who reported an injury on 12/14/2008. The mechanism of injury was repetitive actions related to job duties. The medical records submitted for review reported that the patient received physical therapy with no benefit, chiropractic care with mild benefit, acupuncture to an unknown benefit, and an unspecified neck surgery with no benefit. The patient has received on-going care for her chronic pain symptoms and psychiatric issues since 2008 and was determined to be permanent and stationary in 2011. Her current diagnoses include sprain of the neck, keloid scar, and abnormal involuntary movement.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 166.

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

Decision rationale: The California MTUS Guidelines recommend the use of a TENS unit for conditions such as neuropathy, phantom limb pain, spasticity, and multiple sclerosis. According to the medical records submitted for review, the patient has none of the above diagnoses. There

is also no documentation that states she has a TENS unit or that she has utilized one in the past. Furthermore, objective documentation regarding the efficacy of this therapy as it relates to a decrease in pain level, as evidenced by use of the VAS scale, or an improvement in functional ability, is absent. Therefore, the request for TENS unit replacement is non-certified.