

Case Number:	CM13-0029259		
Date Assigned:	11/01/2013	Date of Injury:	01/01/2007
Decision Date:	01/14/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/25/2013

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 certificate in Pain Management 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:

This is a female patient with a date of injury of 1/1/2007. A utilization review determination dated August 30, 2013 recommends, non-certification of tens unit purchase and electrodes. A letter of medical necessity dated August 13, 2013 identifies subjective complaints stating "pain in the neck and shoulders mostly right side and both wrists." Objective examination findings identify "cervicalgia and shoulder pain and bilateral wrists." Assessment states, "the pain is related to injury (illegible) from couple years ago which turned to chronic pain." Treatment plan states, "to manage the pain so she can actively live her life." Previous treatment rendered includes massage therapy, heat/ice, physical therapy, bed rest, medications, and electrotherapy. A progress report dated August 26, 2013 includes subjective complaints stating "neck pain." Objective findings identify "cervical muscle spasms." Diagnoses include "pain and joint, shoulder region, cervicalgia, joint pain - hand." Treatment plan states "continue with tens unit."

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase and electrodes (4 packs per month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for tens unit purchase, Chronic Pain Medical Treatment Guidelines state that TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Guidelines go on to state that the criteria for TENS purchase should include a one month trial period of tens unit with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. They also state that ongoing pain treatment should be documented during the trial, including pain medication usage, and a treatment plan including the specific short and long-term goals of treatment with the TENS unit. Within the documentation available for review, there is no specific indication that a TENS unit trial had been performed. It does appear that the patient may have tried TENS in the past, but there is no documentation regarding pain relief, functional improvement, reduction in medication use, an adjunctive program of functional restoration, or any short or long-term goals which were to be addressed with the TENS unit trial. In the absence of such documentation, the currently requested TENS unit purchase is not medically necessary.