

Case Number:	CM13-0030610		
Date Assigned:	11/27/2013	Date of Injury:	02/08/2013
Decision Date:	03/31/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/30/2013

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 & Rehabilitation and is licensed to practice in Florida. 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 reported an injury on 02/80/2013 due to a trip and fall that reportedly caused injury to the patient's neck and back. The patient has a history significant for a neck fusion. The patient was conservatively treated with acupuncture and physical therapy. The patient was evaluated in 07/2013 and it was documented that the patient has a history of use of a TENS unit during physical therapy with good result. It was noted that the patient was able to reduce her medications and increase her range of motion with the use of a TENS unit. The patient's most recent clinical documentation documented physical findings to include tenderness to palpation and spasming along the cervical paravertebral musculature with decreased range of motion. The patient's diagnoses included cervical strain, thoracic strain, lumbar strain, and chronic pain. The request was made for the purchase of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of a TENS Unit: Upheld

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

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

Decision rationale: The requested purchase of a TENS unit is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the

purchase of a TENS unit unless the patient has undergone a 30-day clinical trial that produced significant functional benefit and pain relief. The clinical documentation does indicate that the patient did use a TENS unit during physical therapy. However, there is no documentation of a home-based 30-day trial. Therefore, the purchase of a TENS unit would not be supported. As such, the requested purchase of a TENS unit is not medically necessary or appropriate.