

Case Number:	CM13-0033137		
Date Assigned:	03/17/2014	Date of Injury:	06/08/2012
Decision Date:	05/02/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine 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 expert 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:

According to the records made available for review, the patient is a 51-year-old female with a 6/8/12 date of injury. At the time (9/11/13) of the request for authorization for EMPI Select TENS unit for purchase, there is documentation of subjective finding of about 5 months post neck spine surgery. Objective findings of C-spine full ROM, motor intact, patient was able to lift and curl 10 lbs with some discomfort. Current diagnoses include neck pain, cervical spine sprain/strain, elbow-upper arm pain, shoulder & upper arm strain, wrist sprain/strain, other wrist, DeQuervain's disease, unspecified site sprain, and carpal tunnel syndrome. Treatment to date include activity modification, physical thereapy, medication, and a TENS unit. There is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use).

IMR ISSUES, DECISIONS AND RATIONALES

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

EMPI SELECT TENS UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of neck pain, cervical spine sprain/strain, elbow-upper arm pain, shoulder & upper arm strain, wrist sprain/strain, other wrist, DeQuervain's disease, unspecified site sprain, and carpal tunnel syndrome. However, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). The request for EMPI Select TENS unit for purchase is not medically necessary and appropriate.