

Case Number:	CM13-0033145		
Date Assigned:	12/11/2013	Date of Injury:	07/25/2013
Decision Date:	02/04/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Practice 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 was a 38 year old male with a DOI of 07/25/2013. The patient is noted to have neck, upper and lower back pain. Upon examination on 10/21/2013, the patient stated he had no pain. The patient stated that he believed that his pain had resolved. The patient had range of motion findings within normal limits. The patient had returned back to work fulltime.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Tracutaneous Electrotherapy Page(s): 116.

Decision rationale: The request for a TENS unit is non-certified. The California MTUS guidelines recommend the use of a TENS unit for documented pain of at least three months duration. The patient had no complaint of pain during his last exam. Furthermore, the patient had full range of motion without pain. The patient had been discharged from care on 10/21/2013 in documentation submitted for review. Given the information submitted for review the request for a TENS unit is non-certified

