

Case Number:	CM13-0034770		
Date Assigned:	12/11/2013	Date of Injury:	02/17/2013
Decision Date:	02/05/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/15/2013

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 is a 35-year-old female who reported a work-related injury on 02/17/2013 after carrying a box when the patient reported that she felt pain in her low back. The patient has complaints of chronic low back pain. She has undergone conservative treatment to include physical therapy, epidural steroid injections, acupuncture, and shockwave therapy. The patient has complaints of low back pain radiating into the leg and knee. A request was made for a TENS unit for home purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home purchase: Upheld

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

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

Decision rationale: The recent clinical documentation stated that the patient's symptoms were localized to the back, and she described the pain as severe and reported her pain radiated into her neck and leg. The symptoms were constant and included tingling and burning. It was noted that a TENS unit was approved for a 1 month trial, but the patient had never received it, and this

would be looked into on 11/01/2013. The California MTUS Chronic Pain Medical Treatment Guidelines indicate the criteria for the use of TENS to include evidence that other appropriate pain modalities have been tried (including medication) and failed and that a 1 month trial period of a TENS unit should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function. There was no documentation noting the patient's 1 month trial period of a TENS unit submitted for review. The patient was noted to have failed other pain modalities, yet there was no documentation noting the functional benefits the patient received during her 1 month trial of the TENS unit. As such, the decision for a TENS unit for home purchase is non-certified.