

Case Number:	CM13-0035880		
Date Assigned:	12/13/2013	Date of Injury:	08/14/2009
Decision Date:	04/22/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

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 Neurology; has a subspecialty in Neuromuscular 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:

The patient is a 54-year-old man who sustained a work related injury on August 14, 2009. Subsequently, the patient developed a chronic back pain. According to a note dated on August 5, 2013, the patient was complaining of chronic pain with depression. The patient was treated with pain medications, injection and H wave therapy. His physical examination demonstrated reduced range of motion of the lumbar spine. The provider requested authorization for prime dual TENS/EMS.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MONTH RENTAL OF A PRIME DUAL TENS/EMS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG/TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to the California MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. It could be recommended as an option for acute post operative pain in the first 30 days after surgery. There is no documentation that a functional

restoration program will parallel the use of for Dual TENS/EMS. There is no clear justification of continuous use of TENS. Therefore, the request of for one (1) month rental of a Prime Dual TENS/EMS unit is not medically necessary.