

Case Number:	CM13-0040646		
Date Assigned:	12/20/2013	Date of Injury:	10/02/2010
Decision Date:	02/05/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/10/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 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. 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:

Patient is a 50 year-old, female with an injury from 10/2/10. Current diagnoses are CRPS right foot from contusion injury. The patient presents with chronic right foot/leg pain with examination findings showing tenderness, discoloration. The patient has utilized medications, topical creams, injections and has orthotic shoe inserts. [REDACTED] has requested a TENS unit electrode replacement 9/11/1023. This was denied by UR letter dated 9/18/2013, due to lack of clinical information that established medical necessity according to the reviewer. The treating physician documents that with TENS unit, the patient reports pain reduction by 50%, able to walk longer, stand and work for longer period of time. The patient received a sympathetic block a year ago on 8/12/12 that provided significant relief for 9 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of TENS Electrodes: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with a diagnosis of CRPS of right leg. The request is for TENS unit electrode pads. This request was denied due to lack of clinical information necessary to establish medical necessity per UR. The progress reports reviewed documents significant pain reduction, improved function with examples. MTUS supports TENS unit for CRPS. The treater documents functional benefit with the use of TENS unit. Most importantly, the patient is working. Recommendation is for authorization.