

Case Number:	CM13-0044239		
Date Assigned:	06/09/2014	Date of Injury:	01/28/2003
Decision Date:	07/14/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family 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 injured worker is a 62 year old female whose date of injury is 01/28/2003. Progress report dated 12/12/13 indicates that she presents with neck and back pain rated as 2/10. She reports that she has had pain relief utilizing a Transcutaneous Electrical Nerve Stimulator (TENS) unit that is almost ten years old. Diagnoses are lumbar radiculopathy, lumbar facet arthropathy, herniated nucleus pulposus (HNP), L4-5 and L5-S1, and status post bicycle accident on 03/30/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) UNIT: Upheld

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

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

Decision rationale: Based on the clinical information provided, the request for purchase of transcutaneous electrical nerve stimulator (TENS) unit is not recommended as medically necessary. The injured worker has reportedly been using a ten year old unit; however, there are no objective measures of improvement documented to establish efficacy of treatment. There is

no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided as required by CAMTUS guidelines.