

Case Number:	CM13-0044303		
Date Assigned:	04/25/2014	Date of Injury:	12/03/2012
Decision Date:	07/15/2014	UR Denial Date:	10/22/2013
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 Orthopedic Surgery, 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 reported an industrial injury on December 3, 2012. Reported injuries to the cervical spine, shoulders and left foot. MRI demonstrates osteoarthritis at the metatarsal joints. Exam note April 1, 2014 demonstrates report normal electrodiagnostic testing. Exam note March 11, 2014 demonstrates diagnosis of right 5th toe fracture, complaints of neck pain and intermittent low back pain and possible bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT AND SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-114.

Decision rationale: According to the Chronic Pain Medical Treatment Guideline regarding TENS (transcutaneous electrical nerve stimulation) and chronic pain, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional

restoration". It is indicated for conditions of chronic neuropathic pain. In this case there is insufficient evidence of chronic neuropathic pain to warrant a TENS unit. The claimant has normal EMG studies and no evidence of any neuropathy or chronic regional pain syndrome. The request for a TENS unit with supplies is not medically necessary or appropriate.