

Case Number:	CM13-0045254		
Date Assigned:	12/27/2013	Date of Injury:	10/31/2011
Decision Date:	03/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/12/2013

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 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.

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 51-year-old female who reported an injury on 10/31/2011. The mechanism of injury was not provided in the medical records. Her diagnoses include lumbar myalgia, myospasm, and neuritis/radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for the lumbar spine x1 for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: According to the MTUS Chronic Pain Guidelines, the criteria for the purchase of a TENS unit includes that there should be documentation of pain of at least 3 months' duration, evidence that other appropriate pain modalities have been tried and failed, documentation following a 1 month trial period of a TENS unit including how often the unit was used, as well as outcomes in terms of pain relief and function, and documentation of a treatment plan including specific short and long-term goals of treatment with the TENS unit. The clinical information provided for review failed to provide specific documentation regarding other tried

and failed pain modalities prior to the request. Additionally, there was no evidence that the patient had participated in a 1 month trial period of a TENS unit with an increase in function and decrease in pain relief. Moreover, a specific treatment plan including short and long-term goals of treatment was not provided for review. In the absence of this documentation, the patient does not meet the criteria for purchase of a TENS unit. Therefore, the request for purchase of a TENS unit for the lumbar spine is not medically necessary and appropriate.