

Case Number:	CM13-0045923		
Date Assigned:	12/27/2013	Date of Injury:	09/06/2012
Decision Date:	03/18/2014	UR Denial Date:	10/30/2013
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 Occupational 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 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 44-year-old male with a date of injury of 09/06/2012. He was hospitalized from that date to 09/15/2012, with multiple injuries following a motorcycle accident. At the time of the accident the patient sustained seven rib fractures, pneumothorax, a splenic laceration, a lumbar injury, and an injured left ankle. A comprehensive physical examination performed by an Agreed Medical Examiner in internal medicine on 10/22/2013 was essentially normal. During the last half of 2013, the patient received a series of three caudal epidural steroid injections, which provided 90% relief of his low back pain for approximately 2-3 months. There is record of physical therapy treatments starting 10/11/2013, with the patient having had two previous treatments, with no change in strength or range of motion. No documentation of a trial period for the TENS unit is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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 TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114-117.

Decision rationale: The Chronic Pain Guidelines indicate that the TENS unit is 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. There is no documentation of the one-month trial period recommended by the guidelines, which should document how often the unit was used, as well as outcomes prior to the purchase of a TENS unit.