

Case Number:	CM13-0046464		
Date Assigned:	06/09/2014	Date of Injury:	07/31/2013
Decision Date:	07/30/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/12/2013

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 male, who reported an injury on 07/13/2013. The mechanism of injury was not provided. The documentation of 10/11/2013 revealed a request for a two (2) month supply for a TENS unit and a TENS unit itself. The office visit of 09/03/2013 revealed that the injured worker had left elbow pain that was constant with radiation to his neck and had knee pain that was constant, right greater than left and it was increased with walking. The injured worker had ankle, foot, and heel pain that was intermittent and had popping on the right. The objective findings revealed that the injured worker was alert and oriented times three (3). There were no changes. The diagnoses included left elbow, bilateral knees and ankles, rule out internal derangement and bilateral feet heel spurs. The treatment plan included an MRI, electromyography/nerve conduction velocity (EMG/NCV), physical therapy, creams, psychiatric referral, and ophthalmology referral. Additionally, the request was made for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulation (TENS) unit trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation)
Page(s): 114-116.

Decision rationale: The Chronic Pain Guidelines recommend a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least three (3) months of pain and evidence that other pain modalities have been trialed and failed. The request as submitted failed to indicate the duration for the TENS unit. There was lack of documentation indicating that the injured worker would be utilizing the TENS unit in addition to physical therapy. Given the above, the request for TENS unit trial is not medically necessary.