

Case Number:	CM13-0047110		
Date Assigned:	12/27/2013	Date of Injury:	02/04/1997
Decision Date:	06/05/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 with a date of injury of 02/04/1997. According to a report dated 09/12/2013 by [REDACTED], the patient presents with complaints of neck and back pain as well as pain in her left elbow, left knee, and bilateral wrist. She reports her pain ranges from 7-9/10 in severity on a VAS. The pain is constant, dull, aching, and sharp in nature. It is also pins and needles like with an increase of pain with activities. It is relieved with current medications. Examination of the back revealed positive lumbar paraspinal muscle tenderness, decreased range of motion, positive bilateral sacroiliac joint tenderness, and positive spasms noted in the lumbar paraspinal muscle region. Examination of the extremities revealed positive bilateral wrist tenderness, positive left knee and left elbow tenderness. The patient does have reasonably good range of motion. The physician is requesting a transelectrical nerve stimulation (TENS) unit to treat the patient's chronic and intractable pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (DME) REQUEST FOR PURCHASE OF TENS UNIT: Upheld

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

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

Decision rationale: This patient presents with complaints of neck and back pain as well as pain in her left elbow, left knee, and bilateral wrist. The physician is requesting a TENS unit for rental/purchase. Per the MTUS Guidelines, TENS unit have not proven efficacy in treating chronic pain and are not recommended as a primary treatment modality, but a one-month home-based trial may be considered for the specific diagnosis of neuropathy, chronic regional pain syndrome, spasticity, phantom-limb pain, and multiple sclerosis. In this case, the physician in his progress report and request for authorization does not specify the duration of the TENS unit. When a TENS unit is indicated, a trial of 30 days is recommended before further use can be considered. A recommendation cannot be made for a TENS unit without specifying the duration or specifying if it is for rental or purchase. Therefore, the requested TENS Unit is not medically necessary or appropriate at this time.