

Case Number:	CM13-0047864		
Date Assigned:	01/22/2014	Date of Injury:	03/03/2008
Decision Date:	04/25/2014	UR Denial Date:	10/13/2013
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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/3/08. A utilization review determination dated 10/13/13 recommends non-certification of a TENS unit trial. 10/2/13 medical report identifies pain improvement after finishing four more physical therapy visits. Pain is down from 9/10 to 6/10. Neck has good range of motion (ROM) and less apprehension. On exam, there is muscle guarding and range of motion (ROM) is 80% of normal. She has excellent relief with the muscle stimulation unit in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE TENS UNIT TRIAL BETWEEN 10/11/13-12/10/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS), Page(s): 114-117.

Decision rationale: Regarding the request for one TENS unit trial between 10/11/13-12/10/13, California MTUS supports a one-month trial of TENS for chronic intractable pain when there is documentation of pain of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication) and failed. Within the documentation available

for review, there is chronic pain despite prior treatment. The patient did have some pain relief with physical therapy, but the pain is still rated at 6/10 (9/10 previously). The patient noted significant pain relief while using electrical stimulation during physical therapy. Therefore, it appears that TENS trial is indicated. As such, the currently requested TENS unit trial is medically necessary.