

Case Number:	CM13-0049180		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2012
Decision Date:	05/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/07/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of August 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of October 7, 2013, the claims administrator denied a request for a purchase/rental of a TENS unit. The claims administrator stated that the request had been posed as "purchase versus rental of TENS unit for unspecified body part." A December 16, 2013 progress note is notable for comments that the applicant reports moderate right shoulder pain which is precluding restful sleep. A shoulder injection resulted in only transient improvement. Flexeril, Lortab, a CT scan, and modified duty work were endorsed. On August 13, 2013, the applicant was described as having refractory pain. Authorization for a stimulation unit was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE/RENTAL OF A TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2010 Revision, Web Edition. Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of a TENS unit is indicated in applicants with chronic intractable pain of greater than three months' duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, the applicant has indeed tried and failed other conservative treatments including time, medications, physical therapy, injection therapy, muscle relaxants, etc. A trial rental of a TENS unit is therefore indicated, appropriate, and supported by page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is certified.