

Case Number:	CM13-0053460		
Date Assigned:	12/30/2013	Date of Injury:	06/08/2013
Decision Date:	04/30/2014	UR Denial Date:	11/17/2013
Priority:	Standard	Application Received:	11/18/2013

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 6/8/13. A utilization review determination dated 11/7/13 recommends non-certification of a TENS unit. It references a 10/31/13 medical report identifying cervical, thoracic, and lumbar spine pain with loss of sleep, depression, and anxiety. Range of motion is decreased and painful.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF ONE EMS/TENS UNIT TO CERVICAL, THORACIC AND LUMBAR:
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 Page(s): 114-117.

Decision rationale: The California MTUS guidelines support the purchase of TENS only after a one-month trial period of the TENS unit is completed with documentation of how often the unit was used, outcomes in terms of pain relief and function, other ongoing pain treatment during the trial period including medication usage, and a treatment plan including the specific short- and

long-term goals of treatment with the TENS unit has been submitted. Since such documentation is absent, the request is not medically necessary.