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| Case Number: | CM13-0068372 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 01/08/2012 |
| Decision Date: | 05/21/2014 | UR Denial Date: | 12/03/2013 |
| Priority: | Standard | Application Received: | 12/19/2013 |

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 1/8/12. A utilization review determination dated 12/3/13 recommends non-certification of 6-month Prime-Dual TENS unit rental and supplies. 11/6/13 medical report identifies that the patient suffered a fall and now has increased back pain. Also complains of depression, sleep, stress problems, will refer to psych. On the exam, it is noted that there is antalgic gait with stiffness and lumbar spine tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR ONGOING SUPPLIES FOR PRIME DUAL TENS UNIT: Upheld

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 Page(s): 114-121.

Decision rationale: Regarding the request for ongoing supplies for prime dual tens unit, California MTUS supports continued use of Transcutaneous Electrical Nerve Stimulation (TENS) when there is pain relief, functional improvement, and decreased medication intake from its use. With regard to the muscle stimulation component of the device, the CA MTUS notes that

it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, there is no documentation of pain relief, functional improvement, and decreased medication intake from prior TENS use and an indication for the use of the muscle stimulation component of the requested device to support ongoing use. In light of the above issues, the currently requested ongoing supplies for prime dual tens unit is not medically necessary.

RETROSPECTIVE REQUEST FOR ADDITIONAL SIX MONTH RENTAL OF PRIME DUAL TENS UNIT: Upheld

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 Page(s): 114-121.

Decision rationale: Regarding the request for ongoing supplies for prime dual tens unit, California MTUS supports continued use of Transcutaneous Electrical Nerve Stimulation (TENS) when there is pain relief, functional improvement, and decreased medication intake from its use. With regard to the muscle stimulation component of the device, the CA MTUS notes that it is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Within the documentation available for review, there is no documentation of pain relief, functional improvement, and decreased medication intake from prior TENS use and an indication for the use of the muscle stimulation component of the requested device to support ongoing use. In light of the above issues, the currently requested ongoing supplies for prime dual tens unit is not medically necessary.