

Case Number:	CM13-0068474		
Date Assigned:	01/03/2014	Date of Injury:	07/21/2000
Decision Date:	04/01/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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 claimant is a 56 year old female who sustained a work related injury on 07/21/2000. The mechanism of injury was not provided. Her diagnoses include reflex sympathetic dystrophy, myofascial pain, depression and fibromyalgia. On exam there are no signs of reflex sympathetic dystrophy; specifically no mottling, piloerection, nail changes, vascular changes or temperature changes of the extremities. Treatment has included medical therapy including opiates, physical therapy, TENS unit, stellate ganglion blocks, and a spinal cord stimulator. The treating provider has requested replacement of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of a replacement TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: The requested TENS is not medically necessary. Per California MTUS Guidelines it is not recommended as an isolated therapeutic intervention and is only recommended on a one-month trial if it is part of a comprehensive rehabilitation program. There

is no documentation indicating that the claimant is part of such a rehabilitation program. There is no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.