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| Case Number: | CM14-0002793 | | |
| Date Assigned: | 01/29/2014 | Date of Injury: | 11/08/1996 |
| Decision Date: | 06/27/2014 | UR Denial Date: | 12/16/2013 |
| Priority: | Standard | Application Received: | 01/08/2014 |

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 Anesthesiology, 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 71-year-old male with a 11/8/96 date of injury with a history of cervical disc displacement, and cervical and lumbar sprain. The patient has been through many treatments including left heel surgery x2, right shoulder arthroscopic surgery x 2, medications, H-wave unit, lumbar brace, orthopedic shoes, and walking cane. The patient was seen on 8/14/13 with back and neck pain. Exam findings revealed paraspinal tenderness and spasm, non-specific tenderness to the lower extremities, and decreased range of motion of the shoulders bilaterally. A UR decision dated 12/16/13 denied the request for purchase of a TENS unit given there was no evidence that a TENS trial ever took place.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR HOME USE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment

modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. There is no such documentation provided in this case. There is no rationale regarding a home TENS unit documented, or documentation of a trial of a TENS unit. Thus, a home TENS unit is premature. Therefore, the request for a home TENS unit was not medically necessary.