

Case Number:	CM14-0005286		
Date Assigned:	01/24/2014	Date of Injury:	01/11/2010
Decision Date:	06/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 59 year old female who reported an injury on 01/11/2010 secondary to an unknown mechanism of injury. The most recent clinical note on 08/06/2012 notes an appeal for a disc replacement surgery. There was no other clinical documentation beyond this date in the medical records submitted for review. A request was submitted for the purchase of a TENS unit. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

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: California MTUS guidelines state that transcutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but that a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The most recent clinical note provided in the documentation submitted for review is dated 08/06/2012. It is a supplemental report

regarding a previous request for a disc replacement surgery. There are no other medical records provided beyond that date. There is a lack of documented evidence of a recent evaluation or assessment to indicate that the injured worker is currently experience a pain condition that would warrant use of a TENS unit. Furthermore, the request is for the purchase of a TENS unit. There is a lack of recent documented evidence to indicate that the injured worker has completed a one month home-based trial of a TENS unit to warrant continued use or purchase of durable medical equipment. As such, the request for a TENS unit is not medically necessary.