

Case Number:	CM14-0005700		
Date Assigned:	02/05/2014	Date of Injury:	09/30/2008
Decision Date:	07/07/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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 Occupational Medicine, 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:

As stated on pages 114-116 of the MTUS Chronic Pain Guidelines, 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. Other ongoing pain treatment should also be documented during the trial period including medication. In this case, the patient has been using a TENS unit since March 2013 and reported that it was helpful. However, recent progress notes reported persistence of symptoms despite use of a TENS unit, oral pain medication intake, and physical therapy. Furthermore, there were no recent reports of objective functional gains and decrease in pain scores attributable to the TENS unit. Details as to how the TENS unit was used and patient compliance are likewise lacking. Moreover, the current request failed to indicate the specific supplies needed. Therefore, the request is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, TENS unit Page(s): 114-116.

Decision rationale: As stated on pages 114-116 of the MTUS Chronic Pain Guidelines, 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. Other ongoing pain treatment should also be documented during the trial period including medication. In this case, the patient has been using a TENS unit since March 2013 and reported that it was helpful. However, recent progress notes reported persistence of symptoms despite use of a TENS unit, oral pain medication intake, and physical therapy. Furthermore, there were no recent reports of objective functional gains and decrease in pain scores attributable to the TENS unit. Details as to how the TENS unit was used and patient compliance are likewise lacking. Moreover, the current request failed to indicate the specific supplies needed. Therefore, the request is not medically necessary and appropriate.