

Case Number:	CM14-0100923		
Date Assigned:	07/30/2014	Date of Injury:	04/20/1999
Decision Date:	09/22/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/30/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 53-year-old female who reported an injury on 04/20/1999 due to an unspecified mechanism of injury. The injured worker complained of neck and wrist pain. The injured worker had diagnoses of lumbar/lumbosacral disc degeneration and cervical disc degeneration. No diagnostics were reviewed. The past treatments included a TENS and medication. The clinical note dated 06/03/2014, revealed good range of motion to the cervical spine and tenderness to the lumbar spine, straight leg raise of 90 degrees. The treatment plan included a continued home exercise program and a new TENS unit. Medications included Percocet. No Visual Analog Scale (VAS) was provided. The Request for Authorization dated 06/22/2014, was submitted with documentation. The rationale for the TENS unit was the old one had broken.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment purchase of TENS Unit with Electrodes and Gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for durable medical equipment purchase of TENS unit with electrodes and gel is not medically necessary. The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its use in chronic pain. Per progressiveorthopedicsolutions.com the Pro Tech multi stim unit includes TENS, NMES/EMS, and MS therapies in one unit. The clinical notes did not indicate that the injured worker had neuropathic pain. The injured worker had a TENS unit until it recently broke. As such, the request is not medically necessary.