

Case Number:	CM14-0106139		
Date Assigned:	07/30/2014	Date of Injury:	10/22/2013
Decision Date:	12/05/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/09/2014

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 60 year old female with a date of injury on 10/22/2013. Diagnoses include lumbar spine strain and cervical spine strain. Subjective complaints are of ongoing pain in the cervical and lumbar spine. Physical exam showed cervical spine tenderness and paraspinous muscle tenderness from C4-C7 and T1-T12. There was decreased cervical range of motion. The lumbar spine showed tenderness over the superior iliac spine and right sciatic notch. Straight leg raise test was negative. The request is for home TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

A home transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-122.

Decision rationale: CA MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, if used as an adjunct to a program of evidence-based functional restoration, and a one month trial of TENS use with

appropriate documentation of pain relief and function. For this patient, there is no evidence of a one month trial of TENS. Therefore, the medical necessity for a TENS unit is not established.