

Case Number:	CM14-0011178		
Date Assigned:	02/21/2014	Date of Injury:	06/11/1995
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery, 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 54-year-old female who was injured on June 11, 1995. The injury involved the cervical spine, lumbar spine, and left shoulder. A cervical and lumbar fusion was completed. Additional pain management protocols such as injections and a spinal cord stimulator have been completed. Psychotherapy has also been completed. Multiple medications are noted. The records reflect there is no discussion as to the indication for a Transcutaneous Electrical Nerve Stimulation (TENS) unit. An epidural steroid injection to the lumbar spine in February 2014 was completed. The progress note from January 2014 noted ongoing complaints of chronic severe neck and back pain. The multiple surgeries and other procedures are identified. The physical examination noted the injured employee to be in no acute distress. A decrease in cervical and lumbar spine range of motion is reported. A slight loss and left lower extremity motor function is reported. Decreased sensation is also reported in the bilateral upper extremities. Multiple medications were renewed. A repeat epidural injection is also suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT TENS UNIT SUPPLIES: 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 Chronic Pain Medical Treatment Page(s): 114-116/127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the criteria for the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit require chronic intractable pain, and that other appropriate pain modalities have not been successful. There is success reported with the epidural steroid injection. Also noted was that there was no trial of a similar unit to demonstrate any efficacy or utility. Therefore, based on the data presented there is insufficient clinical information to support this request. As such, the request is not medically necessary.