MAXIMUS Federal Services

Case Number:	CM14-0012315		
Date Assigned:	02/21/2014	Date of Injury:	05/09/2011
Decision Date:	07/24/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/30/2014

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 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:

The patient is a 57-year-old male who has submitted a claim for cervical and lumbar sprain/strain associated with an industrial injury date of May 9, 2011.Medical records from 2013-2014 were reviewed. The patient complained of persistent neck, bilateral shoulder, and lower back pain. Physical examination showed restricted bilateral shoulder and thoracolumbar spine ROM; and ipsilateral pain with Kemp's test and slight tenderness over the paraspinal musculature.Treatment to date has included NSAIDs, opioids, physical therapy, right shoulder arthroscopy (4/27/12), and left shoulder arthroscopy (10/12/12).Utilization review from January 14, 2014 denied the request for 12 months rental of transcutaneous electrical nerve stimulation unit because there was no information submitted regarding the need for an additional TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 MONTHS RENTAL OF TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: Pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. In this case, the patient reported relief from using his own TENS unit at home. The request is for an additional TENS unit, however, the rationale for prescribing another TENS unit was not provided. It is unclear why 2 TENS units are needed in this case. Therefore, the request for 12 month rental of transcutaneous electrical nerve stimulation unit is not medically necessary.