

Case Number:	CM14-0016744		
Date Assigned:	04/11/2014	Date of Injury:	06/17/2013
Decision Date:	05/28/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 24 year old female with an injury date of 06/17/13. Based on the 01/24/14 progress report provided by [REDACTED] the patient's diagnosis include cervical, lumbar, and thoracic spine sprain/strain. A 11/14/13 MRI shows a 3.5 mm left paracentral disc protrusion at T6-7, a 2.3 mm right anterolateral disc bulge at T7-8 and T8-9, a 2.3 mm central disc protrusion at T10-11, and a 2.3 mm right paracentral disc protrusion at T11-12. [REDACTED] is requesting for a TENS unit with supplies. The utilization review determination being challenged is dated 01/29/14 and recommends denial of the TENS unit. [REDACTED] is the requesting provider, and he provided treatment reports from 12/04/13- 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT WITH SUPPLIES: Upheld

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

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

Decision rationale: According to the 01/24/14 progress report by [REDACTED], the patient presents with cervical, lumbar, and thoracic spine sprain/strain. The request is for a TENS unit with supplies. California MTUS guidelines page 116 states "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; rental would be preferred over purchase during this trial." In this patient, the provider does not indicate how often the patient is using the TENS unit and with what benefit. For continued home use of these units, documentation of use and benefit in terms of pain reduction and functional gains are required. Given the lack of any discussion, recommendation is for denial.