

Case Number:	CM14-0131382		
Date Assigned:	09/16/2014	Date of Injury:	10/02/2012
Decision Date:	10/16/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Utah. 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 46 year-old female. The patient's date of injury is 10/2/2012. The mechanism of injury is described as driving when she was rear ended by another vehicle. The patient has been diagnosed with headaches, cervical, thoracic and lumbar sprain/strain, Anxiety, Depression, sleep disturbance and shoulder sprain. The patient's treatments have included physical therapy, lumbar bracing, acupuncture, imaging studies, and medications. The physical exam findings dated July 14, 2014 show tenderness in the lumbar, thoracic and cervical spine. There is pain with cervical distraction, and Kemp's causes pain. There is a straight leg test that that is positive bilaterally. The patient's medications have included, but are not limited to, Meloxicam and Hot/Cold Patches. The request is for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS (transcutaneous electrical nerve stimulation) unit for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit, Page(s): 113-115.

Decision rationale: The MTUS Chronic Pain Guidelines state the following, "Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. Consider a one month trial if part of a comprehensive rehabilitation program." There is lack of documentation of improvement with a TENS unit with the physical therapist. According to the clinical documentation provided and current MTUS Chronic Pain Guidelines, the request is not medically necessary and appropriate.