

Case Number:	CM14-0169930		
Date Assigned:	10/20/2014	Date of Injury:	03/20/2012
Decision Date:	11/20/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 & Rehabilitation 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 56-year-old female who reported an injury due to having to position her neck in an awkward manner due to extreme glare from the sun on 03/20/2012. On 09/16/2014, she had no complaints of pain. She had undergone an unknown number of physical therapy treatments over an undisclosed period of time. On 07/15/2014, she had a left facet block at L3-4, L4-5, and L5-S1. On 09/16/2014, it was reported that she initially had arm, neck and low back pain, which had improved significantly after the lumbar epidural steroid injections. Her medications included gabapentin 300 mg and omeprazole 20 mg. She reported that she had burning pain on her right side, and the medication helped ease her pain. She denied headaches, numbness or loss of feeling to her fingers or legs, other than occasional pain in her left lower leg. It was noted that she had a TENS unit at some point in the past, "but it was taken it away." The recommendation was that she get a TENS unit back. It had been very beneficial for her, and she could continue to receive the benefits. The recommendation was for her to get a TENS unit back permanently. There was no Request for Authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for TENS unit purchase is not medically necessary. The California MTUS Guidelines recommend a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Additionally, a treatment plan including the specific short term and long term goals of treatment with the TENS unit should be submitted. Although it was noted that the injured worker had had a TENS unit in the past, the clinical records submitted for review failed to provide documentation of objective functional benefit or pain relief as a result of utilizing the TENS unit. The request did not specify a body part or parts that were to be treated with this TENS unit. Additionally, the request failed to include any supplies. Furthermore, there was no specific treatment plan included with the request. Therefore, this request for TENS unit purchase is not medically necessary.