

Case Number:	CM14-0172917		
Date Assigned:	10/23/2014	Date of Injury:	07/26/2014
Decision Date:	12/10/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 American Board of Family Practice 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 48-female claimants sustained a work injury on July 26, 2014 involving the head and back. She was diagnosed with cervical strain and an adjustment disorder with work inhibition. A progress note in July 26, 2014 indicated the claimant had claimant had pain in the cervical spine and left trapezia region. She had been using ice and oral analgesics for discomfort. The physician recommended continuing analgesics as well as performing physical therapy. She was also referred to psychiatry. In September 2014 a request was made for two months supplies for a dual tens/EMS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prime Dual TENS/EMS unit, 2 month supplies (electrodes, batteries and lead wires):
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 TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a

noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. In addition the request was for two months supply. A one month response to a tens unit was not known. The request for a TENS unit supplies is not medically necessary.