

Case Number:	CM14-0027878		
Date Assigned:	06/16/2014	Date of Injury:	01/20/2014
Decision Date:	07/23/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/05/2014

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 Orthopedic Surgery 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 30-year-old female who was reportedly injured on January 20, 2014. The mechanism of injury was a slip and fall in a parking garage. The most recent progress note dated February 7, 2014, indicated there were ongoing complaints of headaches, neck pain, upper back pain, mid back pain, chest pain, bilateral shoulder and arm pains, bilateral knee pains, and bilateral ankle pains. The physical examination demonstrated tenderness and muscle spasms of the cervical, thoracic and lumbar spine regions. There was a request for chiropractic treatment, acupuncture treatment, an E-Stem unit, a hot/cold compression unit and a pain management consultation. A request was made for the use of a Transcutaneous Electrical Nerve Stimulation (TENS) unit and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TENS UNIT FOR THE CERVICAL AND LOW BACK WITH ONE YEAR OF SUPPLIES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Page(s): 114-115.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of a Transcutaneous Electrical Nerve Stimulation (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, if used as an adjunct to a program of evidence based functional restoration for neuropathic conditions. The medical record does not contain any information that the injured employee has failed to improve with primary treatment methods prior to considering the use of a TENS unit. Additionally, this request is for a one year time period. It is recommended that a TENS unit be tried on a one month trial basis to assess its efficacy prior to continuing treatment. Therefore, the request for a Transcutaneous Electrical Nerve Stimulation (TENS) unit is not medically necessary and appropriate.