

Case Number:	CM14-0030907		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2004
Decision Date:	08/05/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/11/2014

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 Pain Management and 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:

This is a 61-year-old female with a date of injury of 4/18/04. Mechanism of injury is not disclosed in the records submitted to IMR. The patient has chronic symptoms, and is under the care of an orthopedic specialist for diagnoses of low back syndrome, lumbar spondylosis, and lumbar disc syndrome. The patient has been using a TENS, however, the details of the TENS trial are not disclosed. There is no discussion of when it started, how much logged use was done, and what benefits were derived if any. Despite report of subjective benefit, the patient remains reliant on opioid-like pain medication, Tramadol. This request was submitted to Utilization Review with adverse decision made on 2/19/14. The UR report indicates that the patient already has been using a TENS unit at home, and states that there is no medical necessity for an additional unit as disclosed in submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable medical equipment-purchase of a TENS unit/supplies: 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 Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: Guidelines support use of TENS as an adjunct to treatment for intractable pain due to neuropathic pain, CRPS, phantom limb pain, spasticity, multiple sclerosis, and temporary use in the post-op period. Prior to consideration of a purchase, guideline recommend a trial and define a trial as 30 days. In this case, submitted medical records suggest that the patient already has a TENS unit for home use (no mention of trial use). If it is a trial that has been done, there is no clear documentation from the trial that justifies purchase (such as duration of trial and objective/functional benefit). Medical necessity is not established for a TENS purchase.