

Case Number:	CM14-0036410		
Date Assigned:	04/09/2014	Date of Injury:	10/02/2013
Decision Date:	05/28/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 patient is a 53 year old woman who was injured at work on 10/2/2013. She sustained injuries to her cervical spine, right shoulder, lumbar spine and right foot after slipping while carrying some boxes. She is requesting a TENS unit. Medical records from her physician are enclosed with the last assessment completed on 12/17/2013. The records include a review of her physical symptoms of pain in her cervical spine, right shoulder, lumbar spine and right foot. Physical examination of each of these respective areas is documented. There are no imaging studies done as part of the assessment. The diagnoses include: cephalgia, cervical spine sprain/strain, right shoulder sprain/strain, right wrist sprain/strain, right hand sprain/strain, and lumbar spine sprain/strain. The treatment plan included the following: medications (Anaprox, Fexmid, Ultracet, Prilosec, Topical Creams, Cyclobenzaprine, and Capsaicin), physical therapy, an LSO brace, right wrist and forearm brace, and a TENS unit to decrease pain and stiffness in the symptomatic area, and allow for function while exercising at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines include criteria for the use of a TENS unit. There must be evidence of chronic intractable pain with documentation of pain of at least three months duration. There must be evidence that other appropriate pain modalities have been tried and failed. There must be a plan of a one-month trial period of the TENS unit with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There must be a treatment plan with specific short- and long-term goals of treatment with the TENS unit. The documentation in the record does not meet the criteria of the pain being chronic. There are no objective pain assessments to support that this patient has intractable pain. There is no evidence that the patient has had an adequate trial of other modalities to include the use of medications or physical therapy. Finally, there is no evidence to support a plan in the use of a TENS unit to document the outcomes measured or the specific short- or long-term goals of treatment. The requested TENS unit is not medically necessary and appropriate.