

Case Number:	CM14-0061491		
Date Assigned:	07/09/2014	Date of Injury:	08/14/2012
Decision Date:	11/17/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 57 year old male who was injured on 8/14/2012. The diagnoses are cervical, low back, right shoulder and left knee pain. [REDACTED] noted that the patient completed a 60 days TENS unit trial during a supervised physical therapy program in December 2013. There is documentation of pain relief and decrease in medication utilization by the use of the TENS unit. The medications are tramadol and naproxen for pain, cyclobenzaprine for muscle spasm and pantoprazole for the prevention of gastritis. A Utilization Review determination was rendered on 4/18/2014 recommending non certification for TENS Unit E 1399.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the TENS unit can be utilized in the treatment of chronic musculoskeletal pain when there is documented evidence

of beneficial effects following a supervised trial period. The records indicate that the patient had a successful 60 days trial period that ended in December 2013. There was supervised TENS unit utilization and documentation of beneficial effects during organized physical therapy program. The criteria for the use of TENS Unit E1399 was met.