

Case Number:	CM14-0072797		
Date Assigned:	07/16/2014	Date of Injury:	08/05/2011
Decision Date:	09/03/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/19/2014

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 Occupational 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:

This patient is a 52 year old female who has developed chronic cervical and lumbar pain subsequent to an injury dated 8/05/11. She has been diagnosed with radiculitis/radiculopathy involving the cervical and lumbar region. MRI studies have revealed advanced spondylosis involving the cervical and lumbar spine. Several levels show severe foraminal stenosis. Pain is reported to be a 7/10 and increasing over time. She is on a home exercise program and has been treated with physical therapy and oral analgesics. She reported trying her son's TENS unit which seemed to help her during a short trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, 30 day trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 115-116.

Decision rationale: MTUS Guidelines support a 30 day rental/trial of a TENS unit if a patient has intractable pain, has exhausted other means of pain control and is trying to maintain function.

This patient meets all of the Guideline criteria for a 30 day rental/trial of a usual and customary TENS unit. The 30 day trial is medically necessary.