

Case Number:	CM14-0076207		
Date Assigned:	07/16/2014	Date of Injury:	12/26/2013
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in New York. 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 40 year old female presenting with a history of a work related accident that occurred on 12/26/13. She injured her neck and lower back and reports persistent pain since that time. She was diagnosed with a cervical and lumbar sprain/strain. Physical exam noted cervical and lumbar paraspinal muscle spasms and limited range of motion. Her treating physician is requesting purchase of a transcutaneous electrical nerve stimulation unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Tens Unit including Electrodes, Batteries and set up and delivery: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, TENS (transcutaneous electrical nerve stimulation) Official Disability Guidelines (ODG) Lower Back, TENS (transcutaneous electrical nerve stimulation).

Decision rationale: The Official Disability Guidelines states that transcutaneous electrical nerve stimulation unit is not generally recommended as there is strong evidence that transcutaneous

electrical nerve stimulation unit is not more effective than placebo. In addition, the Chronic Pain Medical Treatment Guidelines state that the purchase and long term use of transcutaneous electrical nerve stimulation unit for chronic back pain is not recommended, and that the results of studies are inconclusive. Therefore, the requested transcutaneous electrical nerve stimulation unit purchase would not be considered medically necessary in this case.