

Case Number:	CM14-0093919		
Date Assigned:	07/25/2014	Date of Injury:	08/03/2011
Decision Date:	08/28/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Interventional Spine 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 56 year-old female with an 8/3/11 date of injury. The IMR application shows a dispute with the 5/27/14 UR decision for a trial of H-wave. The UR letter provided for IMR is dated 5/28/14 and is for denial of a transcutaneous electrical nerve stimulator unit. The request before me is for a transcutaneous electrical nerve stimulator unit. There are no medical reports from the requesting physician provided for this review. There are no medical records from 2014 for review. The only record provided is the 9/16/13 AME report from [REDACTED]. On 9/16/13 the patient had low back pain, and pain in both hands and the neck. Mechanism of onset is cumulative trauma. There is no provision for future medical for TENS or H-wave.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulator Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: The patient is a 56 year-old female with an 8/3/11 date of injury. The IMR application shows a dispute with the 5/27/14 UR decision for a trial of H-wave. The UR letter provided for IMR is dated 5/28/14 and is for denial of a transcutaneous electrical nerve stimulator unit. The request before me is for a transcutaneous electrical nerve stimulator unit. There are no medical reports from the requesting physician provided for this review. There are no medical records from 2014 for review. The only record provided is the 9/16/13 AME report from [REDACTED]. On 9/16/13 the patient had low back pain, and pain in both hands and the neck. Mechanism of onset is cumulative trauma. There is no provision for future medical for TENS or H-wave. The MTUS requirements for TENS, includes: - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial There are no medical reports available for this IMR that discuss the TENS trial if any. The MTUS criterion for an H-wave trial includes trial and failure of TENS. Based on the limited information provided for this IMR, the patient does not meet the MTUS criteria for a TENS unit purchase or for a 30-day H-wave trial. The request is not medically necessary.