

Case Number:	CM14-0097274		
Date Assigned:	07/28/2014	Date of Injury:	05/08/2000
Decision Date:	10/03/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/25/2014

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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 61 year old female who was reportedly injured on 05/08/2000. Current diagnoses are status post bilateral carpal tunnel releases, chronic pain syndrome, lumbar spondylosis, Treatment has included bilateral carpal tunnel release, right rotator cuff exploration with subacromial decompression, left shoulder arthroscopy with rotator cuff debridement, physical therapy, aquatic therapy, medications and diagnostics. The latest progress report of 7/22/14, notes that the injured worker has continued pain in multiple areas including the lumbar spine. The injured worker ambulates with the aid of a rolling walker. A request was made for Transcutaneous Electrical Nerve Stimulator (TENS unit) purchase and was not certified in the pre-authorization process on 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Electrical Nerve Stimulator (TENS unit) Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): , page(s) 114-16.

Decision rationale: The claimant is noted to have been diagnosed with Chronic pain syndrome. The pain is primarily in her low back but there are other areas involved. The most recent available for review of 7/22/14 notes the claimant has low back pain without radiculopathy at VAS of 9/10. There is a request for TENS unit purchase however there is no documentation of a one month trial of TENS and its outcome. Purchase would not be necessary if the TENS unit did not provide objective evidence of substantive pain relief. Therefore without that one month trial and without objective evidence of the efficacy of the TENS unit, the request for purchase of the TENS is not medically necessary and remains not medically necessary.