

Case Number:	CM14-0187034		
Date Assigned:	11/17/2014	Date of Injury:	05/05/2008
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 58 year old female who sustained an industrial injury on 05/05/08. The request was for TENS unit rental. The progress note from 10/22/14 was reviewed. Due to her response to E-stim while at physical therapy, a request was submitted for TENS unit. Current medications included aspirin 81mg, Atenolol 50mg daily, Cyclobenzaprine, Naprosyn, Wellbutrin, Metformin 500mg and Tramadol 50mg. Diagnoses included neck sprain, cervical sprain, lumbar and thoracic sprain. A TENS unit rental was requested for a trial. Work status was full duty with self care suggestions. Prior treatment included medications, physical therapy, E-stim, stretching exercises and icing the area.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit x 3 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

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

Decision rationale: The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other

appropriate pain modalities including analgesic medications. There has to be documentation of pain for at least three months duration. The guidelines recommend a one month trial of TENS unit before a purchase is requested. Given the ongoing pain despite medications, physical therapy and improvement with E stim, the request for TENS unit trial for a month seems appropriate. But given the request is for 3 months, instead of the maximum recommended trial for one month, the request for 3 month rental of TENS unit is not medically necessary and appropriate.