

Case Number:	CM14-0195793		
Date Assigned:	12/02/2014	Date of Injury:	05/24/2014
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/20/2014

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 is a 28-year-old male with a 5/24/14 date of injury. According to a progress report dated 10/22/14, the patient reported intermittent low back pain that occasionally radiated to the left gluteus with numbness/tingling/pinching sensation, rated as an 8/10. He reported neck/upper-mid back pain, rated as a 6/10. He stated that medications and TENS unit were helpful for pain control. He sometimes had difficulty staying asleep due to pain. Objective findings: none noted. Diagnostic impression: cervical sprain/strain, lumbar sprain/strain, thoracic sprain/strain. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 11/3/14 denied the request for TENS patches. A specific rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS PATCHES X2; DOS 10/22/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines state that 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 and that other ongoing pain treatment should also be documented during the trial period including medication. In the present case, the patient is noted to have previously used a TENS unit with benefit. However, the specific subjective and objective functional improvements directly related to the use of TENS unit are not clearly outlined. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of decreased medication use as a result of using the TENS unit. Because the medical necessity of the continued use of a TENS unit has not been established, this request for TENS unit supplies cannot be substantiated. Therefore, the request for TENS patches times two; DOS 10/22/2014 was not medically necessary.