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| Case Number: | CM14-0196007 | | |
| Date Assigned: | 12/04/2014 | Date of Injury: | 11/29/2004 |
| Decision Date: | 01/16/2015 | UR Denial Date: | 10/28/2014 |
| Priority: | Standard | Application Received: | 11/24/2014 |

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 & 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 55-year-old female with an injury date of 11/29/04. Per AME report dated 05/08/14, the patient complains of chronic low back, right ankle, and right knee pain with reduced mobility. The patient uses a TENS unit periodically for pain therapy along with Advil and baby aspirin. The utilization review determination being challenged is dated 10/28/14. The rationale was "incomplete documentation of TENS use." There was only one AME report 05/08/14 submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental for 30 days of a TENS unit with supplies for the right knee, right ankle and left elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 60,61,114-116.

Decision rationale: The patient presents with chronic low back, right ankle and right knee pain and reduced mobility. The request is for rental for 30 days of a tens unit with supplies for the

right knee, right ankle and left elbow. The patient uses a TENS unit periodically for pain therapy along with Advil and baby aspirin. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain page 116 supports it for various conditions including neuropathic pain, complex regional pain syndrome (CRPS), phantom pain, Multiple Sclerosis; however, does not list musculoskeletal pain as one of the criteria. On page 60 of the MTUS guidelines requires recording of pain and function with each visit, and page 8 requires physician monitoring of the patient's progress. The treating physician has not provided reason for the request. In review of AME report provided, no physical examination findings, nor were diagnosis pertaining to patient's complaints documented. There is no mention of previous TENS unit frequency of use nor outcomes for pain relief and function. The treating physician did not indicate the need for TENS unit based on MTUS criteria. There is no diagnosis of neuropathy, CRPS or other conditions for which TENS units are indicated. Therefore, the request is not medically necessary.