

Case Number:	CM15-0132858		
Date Assigned:	07/21/2015	Date of Injury:	08/08/2000
Decision Date:	08/17/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 60 year old female, who sustained an industrial injury on 8/08/2000. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical and thoracic spine strain, lumbar spine disc rupture, right carpal tunnel syndrome, and status post left carpal tunnel surgery. Treatment to date has included diagnostics, pain management, and medications. Several documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of pain in her neck, upper and lower back, and bilateral hands and wrists. No changes were noted. Exam noted diminished sensation in the right lower extremity, mid anterior thigh, mid lateral calf, and lateral ankle. The treatment plan included transcutaneous electrical nerve stimulation unit purchase. The rationale for the requested treatment was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of TENS.

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

Decision rationale: The requested TENS unit purchase, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has pain in her neck, upper and lower back, and bilateral hands and wrists. No changes were noted. Exam noted diminished sensation in the right lower extremity, mid anterior thigh, mid lateral calf, and lateral ankle. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit purchase is not medically necessary.