

Case Number:	CM15-0134626		
Date Assigned:	07/22/2015	Date of Injury:	10/23/2014
Decision Date:	08/19/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 49-year-old woman sustained an industrial injury on 10/23/2014. The mechanism of injury is not detailed. Diagnoses include tension headaches and insomnia, cervicgia complicated by cervical intravertebral disc protrusion, dorsalgia and lumbago rule out disc injuries, and bilateral shoulder myofascitis due to sprain/strain. Treatment has included oral medications, physical therapy, chiropractic care, acupuncture, and use of TENS unit at home. Physician notes on a PR-2 dated 6/12/2015 show complaints of low back pain with radiation into the bilateral lower extremities, neck and upper back pain with radiation into the bilateral upper extremities, bilateral shoulder and arm pain, headaches, stress, and sleeplessness. Recommendations include continue physical therapy, continue chiropractic care, continue acupuncture, pain management consultation, continue use of TENS unit at home, thoracic and lumbar spine MRIs, bilateral shoulder MRIs, and continue to provide transportation to treatment appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of tens unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: DME purchase of tens unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The 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. The documentation is not clear that the TENS unit has provided objection functional improvement or significant pain relief. There is also no documentation of frequency of use. The request for a TENS unit is not medically necessary.