

Case Number:	CM15-0036067		
Date Assigned:	03/04/2015	Date of Injury:	01/09/2014
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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: New York, West Virginia, Pennsylvania
 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:

This is a male injured worker who sustained an industrial injury on January 9, 2014. He has reported a fall to the ground after being hit by an electric pallet jack. The diagnoses have included neck strain and lumbar strain/sprain. Treatment to date has included diagnostic studies, physical therapy, TENS unit, home exercises and medications. On December 9, 2014, the injured worker complained of neck and low back pain. The pain is described as aching in the neck and traps and the low back. The pain is worse with prolonged standing as well as bending. The pain is better with sitting, standing, medications and physical therapy. He rated the pain as a 4 on a 1-10 pain scale without medications and as a 0/10 with medications. Notes stated that he received a TENS unit and had been using it daily. He found it very helpful in providing pain relief. He reported taking less medication with the help of the TENS unit. On February 17, 2015, Utilization Review partially certified the request to a one month trial only of a TENS unit, noting the CA MTUS and Official Disability Guidelines. On February 25, 2015, the injured worker submitted an application for Independent Medical Review for review of a TENS unit purchase.

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 Chapter 7: Independent Medical Examinations and Consultations pages 132-139 Official Disability Guidelines.

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

Decision rationale: Guidelines state that, prior to purchase, a one month trial period of a TENS unit should be documented detailing how often the unit was used as well as pain relief and improved functioning. In this case, the current request does not specify the duration of prior use of a TENS unit. Furthermore, current notes do not indicate an increase in function. Thus, the request for home TENS unit purchase is not medically necessary and appropriate.