

Case Number:	CM15-0083316		
Date Assigned:	05/05/2015	Date of Injury:	01/01/1994
Decision Date:	06/05/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/30/2015

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: Preventive Medicine, Occupational 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 63-year-old male injured worker suffered an industrial injury on 01/01/1994. The diagnoses included knee pain, chronic pain, lower back pain, osteoarthritis and pain in the ankle/foot joint. The injured worker had been treated with medications. On 3/19/2015, the treating provider reported the neuropathic spray was helpful for the back and ankle pain. He reported continued low back pain, right knee and ankle pain. The pain was rated on an average of 9/10 all the time and is most severe in the evening time. The treatment plan included TENS unit and supplies purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies purchase: 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): 113-115.

Decision rationale: Due to the uncertain benefits of TENS units, the MTUS Guidelines have very specific criteria for use. The Guidelines specifically state that there should be a rental and 30-day home trial of a TENS unit prior to purchase and longer-term use. During this trial period, the Guidelines state that careful documentation of use patterns, amount of pain relief, and impact on function should be accomplished. There is no evidence that these Guideline standards have been met and there are no unusual circumstances to justify an exception to the Guidelines. The request for TENS unit and supplies purchase is not supported by Guidelines and is not medically necessary.