

Case Number:	CM14-0116057		
Date Assigned:	08/04/2014	Date of Injury:	08/01/1996
Decision Date:	09/29/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 66-year-old gentleman was reportedly injured on August 1, 1996. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 17, 2014, indicates that there are ongoing complaints of thoracic spine pain low back pain, and bilateral lower extremity pain. Pain is rated at 9/10 at its worst and 4/10 at its best. Current medications include OxyContin, oxycodone, Lyrica, Lidoderm patches, Celexa, zolpidem, and docusate sodium. The physical examination indicated decreased range of motion of the lumbar spine and slightly antalgic gait. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications. A request had been made for the use of a tens unit and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Empi TENS unit retro: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 113 - 116 of 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines the criteria for the use of a TENS unit includes documentation that appropriate pain modalities including medications have been tried and failed. Additionally there should be a one-month trial period of a tens unit documenting outcomes in term of pain relief and improved function. The attached medical record does not indicate that pain medications have been tried and failed nor has there been a one-month tens unit trial. As such, this request for a TENS unit is not medically necessary.