

Case Number:	CM14-0117915		
Date Assigned:	08/06/2014	Date of Injury:	08/11/2008
Decision Date:	10/22/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 62 year old female who was injured on 8/11/2008. The diagnosis is low back pain. There are associated diagnoses of insomnia and depression. There was significant pain relief following lumbar epidural steroid injections. The EMG/NCS was significant for chronic right L5 radiculopathy. On 7/17/2014, [REDACTED] noted subjective complaint of low back pain. The pain score was 6-10/10 on a scale of 0 to 10. The patient reported significant reduction in pain from the use of the TENS unit during the 1 month trial. The medications are Norco and Neurontin for pain and Effexor for depression. A Utilization Review determination was rendered on 7/14/2014 recommending non certification for 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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that TENS Unit can be purchased after a successful 1 month trial for the treatment of chronic musculoskeletal pain. The records indicate that the patient completed a 1 month TENS unit trial with documented evidence of significant pain relief and functional improvement. The use of TENS unit can lead to reduction in pain medication utilization. The criteria for the purchase of the TENS Unit were met and the request is deemed medically necessary.