MAXIMUS Federal Services

Case Number:	CM14-0141522		
Date Assigned:	09/10/2014	Date of Injury:	07/01/2002
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is a 66-year-old male who reported an injury on 07/01/2002. On 07/24/2014, the injured worker presented with a history of pain in the bilateral sesamoid area. The diagnosis was superficial peroneal nerve entrapment. Prior treatments included bilateral Morton's neuroma resection, medications, physical therapy, orthotics, and home exercise program. An EMG revealed positive bilateral neuropathy. The provider recommended a TENS unit and supplies. The provider's rationale was not provided. The request for authorization form was dated 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month TENS (Transcuteanous Electrical Nerve Stimulation)with Supplies between 8/8/2014 and 11/9/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENs Page(s): 116.

Decision rationale: The request for a TENS unit with supplies between 08/08/2014 and 11/09/2014 is not medically necessary. The California MTUS Guidelines do not recommend a

TENS unit as a primary treatment modality. A 1 month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence based functional restoration. The results of studies are inconclusive and the published trials did not provide information on simulation parameters which are most likely to provide optimum pain relief. There was lack of documentation indicating significant deficits upon physical exam. Additionally, the provider's request does not indicate the site at which the TENS unit is indicated for. As such, medical necessity has not been established.