

Case Number:	CM14-0153198		
Date Assigned:	09/23/2014	Date of Injury:	12/20/2013
Decision Date:	10/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/19/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 55-year-old male with a 12/20/13 date of injury, when he fell and landed on top of his head while getting off a truck. The patient was seen on 7/29/14 with complaints of 3/10 pain in the neck, low back and right upper extremity. The low back pain sometimes radiated to the lower extremities with numbness and craping. Exam findings revealed spasm at the cervical and lumbar paraspinal muscles. The note stated that a TENS unit and acupuncture was helpful. The diagnosis is lumbago, cervicgia, myofascial pain and lumbar spine degenerative disc disease. Treatment to date includes work restrictions, acupuncture, TENS unit and medications. An adverse determination was received on 8/22/14 given that documentation of the one-month trial period of the TENS unit was not submitted for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transcutaneous electrical nerve stimulation unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The progress notes indicated that the patient was using a TENS unit and it helped him with the pain. However, there is a lack of documentation indicating how often the unit was used, as well as outcomes in terms of pain relief and function. In addition, it is not clear what area was treated with a TENS unit. Therefore, the request for 1 transcutaneous electrical nerve stimulation unit for purchase is not medically necessary.