

Case Number:	CM14-0166284		
Date Assigned:	10/13/2014	Date of Injury:	06/20/2014
Decision Date:	11/13/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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 Texas. 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:

Medical records reflect the claimant is a 46 year old male who sustained a work injury on 6-20-14. Office visit on 8-27-14 notes the claimant reports moderate reduction in the right shoulder and low back win ongoing therapy. The right shoulder pain is 2/10 with medications. Low back pain is 4/10 with medications. The claimant was returned to work with restrictions and provided medications: Naproxen and Cyclob/keto/lido cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME rental X1 month of a TENS (transcutaneous electrical nerve stimulation) Unit:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home based TENS (transcutaneous electrical nerve stimulation) Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - TENS Unit

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that a TENS unit is not recommended as a primary treatment modality, but a one-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. This modality is recommended for conditions such as spasticity, multiple sclerosis, neuropathic pain, phantom limb pain. There is an absence in documentation he has any of these conditions for which a one month trial would be considered or that this form of treatment will be used as an adjunct to an evidence-based functional restoration program. Therefore, the medical necessity of this request is not established.