

Case Number:	CM14-0176540		
Date Assigned:	10/29/2014	Date of Injury:	04/03/2013
Decision Date:	12/26/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

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 Occupational Medicine and is licensed to practice 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 61-year-old male with a 4/3/13 date of injury. The mechanism of injury occurred when he was slammed against a wall by a suspect in custody, striking his head and neck and back. According to a handwritten and partially illegible progress note dated 4/22/14, the patient complained of continued cervical spine and lumbar spine pain. Objective findings: tenderness to palpation of cervical and lumbar spine. Diagnostic impression: cervicgia, lumbago. Treatment to date: medication management, activity modification, physical therapy, massage. A UR decision dated 9/26/14 denied the request for TENS unit. There is no information as to how the TENS unit is to be used, for which location, over what period of time daily and who will be monitoring the progress. There is no information that a trial of a TENS unit has been done over a one-month period in conjunction with a physical therapy program to assess the efficacy of such treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit - purchase: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule (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. However, in the present case, there is no documentation in the reports reviewed addressing any failure of conservative therapy, such as medications. There is also no documentation that the patient has had a one month trial of the TENS unit and whether or not the outcome showed functional improvement. In addition, there is no documentation that the TENS unit requested would be used as an adjunct to a program of evidence-based functional restoration. The medical necessity of the requested purchase of a TENS unit has not been established.