

Case Number:	CM15-0122694		
Date Assigned:	07/13/2015	Date of Injury:	01/17/2011
Decision Date:	08/06/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/25/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 58-year-old female, who sustained an industrial injury on 1/17/11. The injured worker was diagnosed as having cervical and lumbar radiculitis. Treatment to date was not noted in the submitted documentation. Electrodiagnostic studies revealed significant lumbar paraspinal muscle spasms and/or lumbar nerve roots irritation/traction injury and sensory peripheral polyneuropathy. Median entrapment neuropathy in bilateral wrists and significant cervical paraspinal muscle spasm and/or cervical nerve roots irritation/traction injury as well as signs of denervation in the right abductor pollicis brevis muscle were also noted. The injured worker's complaints were not noted in the documentation provided. The treating physician requested authorization for a rental of a TENS unit with 1 month of supplies (electrodes, batteries, and lead wires).

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of TENS unit with 1 month supplies (electrodes, batteries, lead wires): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 68.

Decision rationale: The MTUS does not recommend a TENS unit 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. There is no evidence that other appropriate pain modalities have been tried (including medication) and failed. There is insufficient documentation that the patient meets the criteria necessary for a one-month trial of a TENS unit. Rental of TENS unit with 1 month supplies (electrodes, batteries, lead wires) is not medically necessary.