

Case Number:	CM13-0054934		
Date Assigned:	12/30/2013	Date of Injury:	07/14/1995
Decision Date:	10/27/2015	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/20/2013

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: Physical Medicine & Rehabilitation, Pain Management, 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:

This injured worker is a 58 year old male, who sustained an industrial injury on 07-14-1995. The injured worker was diagnosed as having lumbar spine herniated nucleus pulposus-status post-surgery and right shoulder impingement syndrome. On medical records dated 10-30-2013, subjective complaints were noted as right shoulder and low back pain. Pain was rated at 5-6 for shoulder and 8 for low back on medication only. Objective findings were noted as right shoulder revealed tenderness to palpation over the acromioclavicular joint. A decreased range of motion was noted and Hawkins's sign was positive. Lumbar spine revealed tenderness to palpation over the spinous process from L1 through L5 and over the paravertebral muscles, a decreased range of motion was noted and straight leg raise was positive bilaterally. The injured worker was noted to have an antalgic gait with the assist of a cane. The injured worker was noted to be permanent and stationary. Treatment to date included medication and steroid injections. The Utilization Review (UR) was dated 11-14-2013. A Request for Authorization was dated 11-05-2013 for a TENS unit battery. The UR submitted for this medical review indicated that the request for purchase of a TENS unit battery was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a TENS unit battery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: MTUS 2009 states that TENS units are an option to treat chronic pain if it is used as part of a functional restoration program. This request of a battery replacement. Presumably, the unit is used if a battery is requested. However, ongoing use of any intervention requires that it be effective. Review of the medical records shows that the patient is considered totally disabled by the treating physician, no mention of TENS unit for pain control but continued recommendations that the medications be used as well as requests for interventional spine procedures. TENS unit use does not appear to be effective or an integral part of the treatment plan. Based upon its lack of demonstrated effectiveness, a TENS unit replacement battery is not medically necessary.