

Case Number:	CM13-0017929		
Date Assigned:	03/26/2014	Date of Injury:	01/23/2010
Decision Date:	05/20/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/22/2013

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. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery in February 2013; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report of August 19, 2013, the claims administrator denied a request for TENS unit and supplies. The claims administrator stated that the applicant had previously used a TENS unit but that there was no evidence that earlier usage of a TENS unit had resulted in favorable outcomes in terms of pain relief or functioning. In a handwritten note of July 1, 2013, the attending provider wrote that the applicant had persistent low back pain. A TENS unit was sought. Norco, OxyContin, and Neurontin were endorsed while the applicant was again placed off of work, on total temporary disability. In an earlier note of May 20, 2013, it did appear that the attending provider had written a prescription for a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT AND SUPPLIES (RENTAL OR PURCHASE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR THE USE OF TENS TOPIC Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for usage of a TENS unit beyond the one-month trial of the same include evidence of a favorable outcome in terms of both pain relief and function as a result of ongoing usage of a TENS unit. In this case, however, the claimant appears to have already had a trial of a TENS unit. She has failed to demonstrate any evidence of a favorable outcome in terms of either pain relief or function. The claimant remains off of work. The claimant remains highly dependent on various other forms of medical treatment, including physical therapy, epidural injections, etc. All of the above taken together, imply that ongoing usage of a TENS unit has not been successful. Therefore, the request for further usage of a TENS unit is not certified, on Independent Medical Review.