MAXIMUS Federal Services

Case Number:	CM13-0018821		
Date Assigned:	06/13/2014	Date of Injury:	12/21/2012
Decision Date:	08/11/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/30/2013

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 shoulder, low back, and knee pain reportedly associated with an industrial injury of December 21, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; opioid therapy; a lumbar corset; and apparent return to full-duty work at a rate of four hours a day. In a utilization review report dated August 23, 2013, the claims administrator denied a request for a TENS unit, stating that it was not stated whether the request represented purchase or a rental. The applicant's attorney subsequently appealed. In a progress note dated February 7, 2013, it was stated that the applicant was using Norco and Flexeril and was working full duty at a rate of four hours per day as an air driver. The applicant was still smoking, it was acknowledged. A lumbar corset, Aleve, Norco, and Flexeril and further physical therapy were endorsed for a diagnosis of right-sided sciatica. In a later progress note of August 19, 2013, the applicant reported persistent 9/10 low back pain. The attending provider recommended that the applicant consider injection therapy, obtain a home TENS unit, and return to modified work. It appeared that the applicant had been placed off of work at some point in the course of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: The request was apparently submitted as a purchase. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, long-term usage and/or purchase of a TENS unit should be predicated on a favorable outcome following a one-month trial of the same, in terms of both pain relief and function. In this case, however, there is no evidence that the applicant had previously had a successful favorable one-month trial the TENS unit before a request to purchase the device was made. Therefore, the request is not medically necessary.