

Case Number:	CM13-0019606		
Date Assigned:	10/11/2013	Date of Injury:	02/11/2009
Decision Date:	02/18/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 11, 2009. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation, two prior epidural steroid injections in 2013; and unspecified amounts of physical therapy. A note from September 17, 2013, is notable for comments that the applicant had a recent epidural steroid injection and is therefore able to cut back on his usage of Norco from four tablets a day to two tablets a day. The applicant is also using Naprosyn, Fexmid, and topical Dendracin cream. It is stated that the applicant's usage of an interferential unit/TENS unit as well as a moist heating pad has helped to alleviate pain. It is stated that the applicant has discontinued Zanaflex. Multiple medications are refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment - TENS unit purchase: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that the criteria for the purchase of a TENS unit include evidence that a previous successful one-month trial of the same is documented. In this case, it does appear that the applicant has had a previously successful one-month trial of said TENS unit. The September 17, 2013 progress note, referenced above, suggests that the applicant does report improved analgesia, reportedly as a result of either the TENS unit device or recent epidural steroid injection. Improvement in terms of function is also described in terms of increased mobility and activity tolerance. Again, while this may be, in part, a function of the recent epidural steroid injection, it appears, on balance, that the applicant has derived appropriate analgesia and improved performance of activities of daily living as a result of the prior one-month trial of the TENS unit. Since the TENS unit trial has been successful, the request for purchase of the device is medically necessary and appropriate.