

Case Number:	CM13-0021229		
Date Assigned:	03/26/2014	Date of Injury:	07/21/2013
Decision Date:	05/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

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 chest wall pain, traumatic chondrochondritis, and a possible rib fracture reportedly sustained in an industrial injury of July 21, 2013. Thus far, the applicant has been treated with analgesic medications, oral steroids, opioid agents, transfer of care to and from various providers in various specialties, attorney representation, several weeks off of work and eventual return to regular work. In a utilization review report of August 8, 2013, the claims administrator denied a request for a one-month rental of a TENS unit, citing a variety of non-MTUS Guidelines, including ODG Guidelines on the low back, MTUS Chronic Pain Medical Treatment Guidelines, 2008 ACOEM Guidelines, and Blue Cross Blue Shield Guidelines. The claims administrator cited a number of mislabeled ODG Guidelines as originating from the MTUS. The applicant's attorney subsequently appealed. In a progress note dated July 31, 2013, the applicant was described as reporting persistent rib pain despite usage of Vicodin, Tramadol, and Prednisone, 7/10. CT imaging was sought. A trial of Vicodin was apparently endorsed as the applicant felt that Vicodin was not altogether beneficial. A rather proscriptive one-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MONTH TENS UNIT RENTAL WITH SUPPLIES: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: While the California MTUS-adopted ACOEM Guidelines do not specifically address the topic of TENS unit therapy for the ribs, ACOEM Chapter 8, pages 173 and 174 note that palliative tools such as TENS units may be used on a trial basis but should be monitored closely, with emphasis on functional restoration and return of the applicant to activities of normal daily living. In this case, it appears that the attending provider sought a TENS unit trial owing to the applicant's incomplete analgesia with first-line oral pharmaceuticals such as prednisone, Vicodin, and tramadol. Later handwritten notes of November 7, 2013 and November 14, 2013 did acknowledge that the applicant had been returned to regular work, implying that the applicant was in fact intent on functional restoration and return to normal activities of daily living. Given the applicant's reported incomplete analgesia with first-line oral pharmaceuticals, a one-month trial of a TENS unit was indicated, appropriate, and supported by ACOEM. Therefore, the original utilization review decision is overturned. The request is medically necessary.