

Case Number:	CM13-0032543		
Date Assigned:	12/11/2013	Date of Injury:	08/19/2004
Decision Date:	05/07/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/23/2013

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 █████ Corporation employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 19, 2004. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties; triggers point injection therapy, long and short - acting opioids and muscle relaxants. In a utilization review report of October 7, 2013, the claims administrator denied a request for a TENS unit, stating that there was no evidence that the applicant had had a successful one-month trial of the same before a request of purchase of the device was made. The applicant's attorney subsequently appealed. It appears that a TENS unit was requested through an order form dated May 24, 2013, in which the attending and/or device vendor sought authorization for a TENS/EMS unit. A clinical progress note of the same date, April 25, 2013, is notable for ongoing complaints of chronic low back pain. The applicant undergoes trigger point injection therapy in the clinic. Oxycodone, Norco, Relpax, Soma, Valium, and OxyContin were sought. The TENS-EMS unit was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, criteria for the purchase of a TENS unit includes evidence of a successful one-month home based trial of the same, with favorable outcomes in terms of pain relief and functioning. In this case, however, there has been no evidence of a favorable outcome in terms of pain relief and function through an earlier one-month trial of a TENS unit. There is no evidence that the applicant had completed a successful one-month trial of the proposed TENS unit before a request of purchase of the device was made. Therefore, the request is not certified, on independent medical review.