MAXIMUS Federal Services

Case Number:	CM13-0034551		
Date Assigned:	12/11/2013	Date of Injury:	09/24/2012
Decision Date:	02/27/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 is a represented [redacted] employee who has filed a claim for low back pain reportedly associated with an industrial injury of September 24, 2012. 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; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 25, 2013, the claims administrator apparently denied a request for a purchase of a TENS unit. A clear rationale for the denial was not provided as it appears that the report was truncated. A handwritten progress note of August 20, 2013 is somewhat difficult to follow, is not entirely legible, notable for ongoing complaints of knee pain with an associated antalgic gait and limited knee range of motion. The applicant is again placed off of work, on total temporary disability.

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 Page(s): 114-115.

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 usage of TENS unit includes evidence of successful one-month trial of the same before purchase is considered. In this case, however, there is no clear evidence that the applicant had a successful one-month trial of said TENS unit before a request to purchase the device was initiated. The information on file is sparse, handwritten, and not entirely legible. While the applicant's failure to respond to other conservative measures including time, analgesic medications, physical therapy, etc., could have supported a one-month trial of said TENS unit, in this case, however, the purchase of the device being proposed here cannot be supported on the grounds that there has been no evidence that a successful one-month trial of said TENS unit was completed before a request to purchase the device was made. Therefore, the request remains non-certified, on independent medical review.