MAXIMUS Federal Services

Case Number:	CM13-0040674		
Date Assigned:	02/03/2014	Date of Injury:	12/22/2009
Decision Date:	06/20/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/29/2013

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 low back pain reportedly associated with an industrial injury of December 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; adjuvant medications; muscle relaxants; unspecified amounts of physical therapy; and earlier provision of a TENS unit. In a Utilization Review Report dated September 23, 2013, the claims administrator denied a request for a TENS unit. The claims administrator stated that that there was no "medical necessity for lost products." The claims administrator apparently denied the TENS unit on the grounds that the applicant should be held culpable for the loss of the device. In a December 18, 2013 progress note, the applicant reported ongoing complaints of low back pain, 5-6/10. The applicant is reportedly working full-time as a janitor and had heightened pain at the end of her shift. The applicant denied any issues with depression. The applicant was apparently using Ultracet on a daily basis but had discontinued the usage of gabapentin and Flexeril. The earlier TENS unit denial was appealed. An earlier note of August 28, 2013 was notable for comments that the applicant was managing to work full-time. The applicant was continuing to work full-time as a custodian, it was stated. It was stated that the applicant had lost her TENS unit on that occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT REPLACEMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: MTUS CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR THE USE OF TENS TOPIC, PAGE 116.

Decision rationale: The Chronic Pain Guidelines indicate that the provision of a TENS unit and/or associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of pain relief and function achieved through earlier usage of the same. In this case, the attending provider has posited that ongoing usage of the TENS unit has helped the applicant achieve and/or maintain successful return to work status and has helped the applicant to reduce medication consumption. The applicant has reportedly discontinued two (2) agents, Neurontin and Flexeril. It appears, on balance, then, that earlier usage of TENS unit was successful. Therefore, the provision of a replacement TENS unit device is indicated. Accordingly, the request is medically necessary.