

Case Number:	CM13-0045317		
Date Assigned:	02/26/2014	Date of Injury:	05/10/2007
Decision Date:	05/08/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/12/2013

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 neck pain reportedly associated with an industrial injury of May 10, 2007. 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; psychotropic medications; electrodiagnostic testing of August and December 2007, notable for both cervical and lumbar radiculopathies; and trigger point injection therapy. In a utilization review report of October 9, 2013, the claims administrator denied a request a TENS unit purchase, associated supplies, batteries, and a setup fee and delivery. The applicant's attorney subsequently appealed. The claims administrator based his denial on the fact that the applicant had not had a successful trial of a TENS unit in question. In a January 23, 2014 progress note, it is stated that the applicant is status post total knee arthroplasty. The applicant is on Norco, Naprosyn, Prozac, Prilosec, Cialis, Ambien, and Remeron. Chiropractic manipulative therapy and psychotherapy were sought. On December 23, 2013, it was stated that the applicant was considering a spinal cord stimulator implantation. On October 1, 2013, it was stated that the applicant was considering medical marijuana. Authorization for a TENS unit on a trial basis was sought at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS TOPIC Page(s): 116. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS TOPIC, 9792.20F, PAGE 116

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit should be purchased if there has been evidence that the applicant has received a successful one-month trial of the same, with favorable outcome in terms of both pain relief and function. In this case, however, there has been no evidence of successful outcome following completion of the earlier one-month trial of the TENS unit. The applicant has seemingly failed to return to work. The applicant remains highly reliant on numerous analgesic, adjuvant, and psychotropic medications, including Naprosyn, Norco, Prozac, etc. The applicant is now considering a spinal cord stimulator trial, implying that the earlier TENS unit trial was unsuccessful. Therefore, the request is not certified owing to a lack of functional improvement as defined in MTUS 9792.20f following completion of the earlier one-month trial of a TENS unit. The applicant failed to achieve any favorable outcomes in terms of pain relief, function, work status, etc., despite an earlier one-month trial of the TENS unit device in question.

ONE YEAR OF ELECTRODES (4 PER PACK) X10: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: Again, the TENS unit itself has been recommended for non-certification, in response to #1. Therefore, the derivative request, including the one year's worth of electrodes are likewise not certified on the grounds that the applicant failed to achieve any lasting benefit or favorable outcome in terms of either pain relief or function following completion of an earlier one-month trial of the TENS unit device in question.

ONE YEAR OF BATTERIES X 10: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: Again, the applicant failed to achieve favorable outcome in terms of either pain relief or functioning following completion of

an earlier one-month trial of the device in question. Therefore, the request for purchase of the TENS unit along with derivate request for supplies, including batteries, are not indicated and not certified.

SET UP AND DELIVERY: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: Again, the applicant failed to effect any lasting benefit or functional improvement through an earlier one-month trial of the device in question. The applicant remains off of work. The applicant remains highly reliant on multiple analgesic, adjuvant, and psychotropic medications. The applicant is now considering a spinal cord stimulator trial. All the above, taken together, implies that the earlier one-month trial of a TENS unit has been unsuccessful in terms of the parameters established in MTUS 9792.20f. Therefore, the request for the TENS unit and derivatives, including the proposed setup and delivery fee, are not certified.