

Case Number:	CM13-0047150		
Date Assigned:	12/27/2013	Date of Injury:	02/10/1996
Decision Date:	02/19/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 chronic low back pain and sacroiliac joint pain reportedly associated with an industrial injury of February 10, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; and prior lumbar fusion surgery. In a utilization review report of October 23, 2013, the claim administrator denied a request for TENS unit purchase. It was stated that the applicant has not had a home trial of TENS unit and that the applicant had only tried TENS unit during physical therapy. He is still having issues with pain control. He is on Medrol, Norvasc, Thyroid, Indocin, Morphine, and Feldene. He is slightly overweight with a BMI of 28. He is asked to pursue a total knee arthroplasty and employee Morphine and Indocin for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 Page(s): 116.

Decision rationale: As noted in the page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit purchase can be endorsed if there is evidence of a successful one-month trial of the same. In this case, there is no evidence that the applicant has in fact had a successful one-month home-based trial of a TENS unit. The applicant only briefly tried said TENS unit on a home basis. Therefore, the request cannot be certified at this time on the grounds that the applicant has not had the precursor successful TENS trial. Accordingly, the request remains non certified, on independent medical review.