

Case Number:	CM13-0053816		
Date Assigned:	06/16/2014	Date of Injury:	11/05/2012
Decision Date:	08/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/09/2013

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, umbilical hernia, chronic low back pain, and gastroesophageal reflux disease reportedly associated with an industrial injury of November 5, 2012. Thus far, the injured worker has been treated with the following: analgesic medications, umbilical hernia surgery; subsequent excision of a hypertrophic scar; and extensive periods of time off of work. In a Utilization Review Report dated October 7, 2013, the claims administrator denied a request for a transcutaneous electrical nerve stimulation (TENS) unit, electrodes, batteries, adhesive remover, and lead wires. The claims administrator stated that there was no evidence of neuropathic pain for which a TENS unit would have been indicated. The injured worker's attorney subsequently appealed. In a June 3, 2014 progress note, the injured worker underwent staple removal following ventral hernia repair surgery and subsequent excision of hypertrophic scar. The injured worker was placed off of work, on total temporary disability. On September 30, 2013, the injured worker was again placed off of work, on total temporary disability. A TENS unit, associated supplies, physical therapy, and a urology consultation were sought. The injured worker was described as using Vicodin, Soma, and Lidoderm patches at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: Usage of a TENS unit and/or provision of associated supplies for the same, beyond an initial one-month trial, should be predicated on evidence of a favorable outcome in terms of both pain relief and function through said one-month trial of the same. In this case, however, there is no evidence the injured worker had undergone a successful one-month trial of the TENS unit before a request to purchase the device in question was made. Therefore, the request is not medically necessary.

PURCHASE OF ELECTRODES 12 PACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: Since the TENS unit was deemed not medically necessary, the derivative supplies are likewise not medically necessary.

PURCHASE OF BATTERIES QUANTITY 18: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: Since that TENS unit was deemed not medically necessary, the derivative supplies are likewise not medically necessary.

ADHESIVE REMOVER QUANTITY 24: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: Since the TENS unit was deemed not medically necessary, the derivative supplies are likewise not medically necessary.

LEAD-WIRE QUANTITY 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: Since the TENS unit was deemed not medically necessary, the derivative supplies are likewise not medically necessary.