

Case Number:	CM13-0057441		
Date Assigned:	12/30/2013	Date of Injury:	01/25/1995
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/25/2013

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], Incorporated employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 25, 1995. 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 psychotropic medications. The applicant's case and care have apparently been complicated by comorbid depression and fibromyalgia. In a Utilization Review Report of November 19, 2013, the claims administrator apparently denied a request for a transcutaneous electric therapy device, citing illegible supporting documentation. The most recent progress report of November 4, 2013 is notable for comments that the applicant may have comorbid Cushing syndrome. The applicant reports diffuse bodily pain about the left side of her body. She has also headaches, neck pain, and low back pain. She is described as clinically stable and is apparently released home from the hospital. An earlier note of October 3, 2013 is notable for comments that the applicant has issues related to severe chronic fibromyalgia and chronic neck pain status post cervical spine surgery. The applicant is on Cymbalta, Desyrel, Flector, and Valium, it is stated. There is no mention made of prior successful one-month trial of a TENS unit. However, a request for authorization form dated September 10, 2013 is notable for comments that the applicant should continue a TENS unit and obtain associated supplies, implying that the applicant already has a TENS unit in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT SUPPLIES (2x2 ELECTRODES, BATTERIES X2, LEADWIRE X2): Upheld

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

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

Decision rationale: The information on file seemingly suggests that the applicant has previously been provided with a TENS unit. However, as noted on page 116 of the MTUS Chronic Pain Medical Guidelines, purchase of ongoing supplies and/or long-term usage of a TENS unit should be based on evidence of a favorable outcome in terms of both "pain relief and function." In this case, however, the applicant does not appear to have had any favorable outcomes in terms of pain relief and/or function despite earlier provision of a TENS unit. The applicant remains highly reliant on various analgesic and psychotropic medications, including Cymbalta, Flector, Desyrel, Valium, Dilaudid, etc. The applicant does not appear to have returned to work. The applicant was apparently admitted to the hospital with issues related to flare-up of severe pain. All of the above, taken together, implies that ongoing usage of the TENS unit has not been successful. Therefore, the proposed TENS unit electrodes, batteries, and lead wires are not medically necessary and appropriate.