MAXIMUS Federal Services

Case Number:	CM14-0000239		
Date Assigned:	07/01/2013	Date of Injury:	05/28/2013
Decision Date:	06/06/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/02/2014

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 has a subspecialty in Preventive 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 April 5, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; a functional restoration program; psychotropic medications; adjuvant medications, and earlier provision of a TENS unit; and extensive periods of time off of work. In a Utilization Review Report dated December 23, 2013, the claims administrator denied a request for TENS unit patches stating that there is no evidence of functional gain clearly established through prior usage of the TENS unit. The applicant's attorney subsequently appealed. A psychiatry progress note dated November 23, 2013 was notable for comments that the applicant reported persistent low back pain and psychological distress. The applicant was depressed and had an irritable mood. The applicant is having recurrent nightmares. The applicant had not worked since September 2011, it was stated. He was sad, depressed, and irritable, it was further noted. The applicant was issued with prescriptions for Pristiq, trazodone, Ambien, and Abilify. From a medical standpoint, the applicant was on Neurontin, Protonix, Flexeril, Sprix nasal spray, and morphine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT PATCHES (A4545): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For The Use of Tens Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of both pain relief and function. In this case, however, the applicant has failed to achieve any evidence of favorable outcomes in terms of either pain relief or function through prior usage of the TENS unit. The applicant is off of work and has apparently not worked in over two years. The applicant remains highly reliant on various analgesic and psychotropic medications, including opioid agents such as morphine. The applicant is seemingly limited in terms of numerous activities of daily living secondary to pain. Thus, earlier introduction of the TENS unit has not resulted in favorable outcomes in terms of pain relief and function so as to justify provision of associated supplies such as the patches being proposed here. Therefore, the request for TENS is not medically necessary.