MAXIMUS Federal Services

Case Number:	CM14-0008819		
Date Assigned:	02/12/2014	Date of Injury:	12/20/2010
Decision Date:	10/17/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 December 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 6, 2014, the claims administrator apparently denied a request for six months of TENS unit supplies.The applicant's attorney subsequently appealed. In a July 17, 2013 progress note, the applicant presented with chronic low back pain complaints. The applicant was apparently off of work, on total temporary disability, it was stated in one section of the report. The note was difficult to follow and mingled old complaints with current complaints. The applicant was using Nucynta for pain-relief purposes. The applicant was also using a cane. Permanent work restrictions were endorsed. The applicant was apparently not working with said permanent limitations in place. A TENS unit trial was endorsed on this date. The applicant was asked to employ Norco in addition to Nucynta. In a November 14, 2013 progress note, it was again stated that the applicant was off of work, on total temporary disability. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was using a cane and/or a walker to move about. The applicant apparently needed assistance with activities of daily living including making her bed, vacuuming, and doing laundry, it was stated. Home health services were sought. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional six (6) months of Tens Unit and Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 116.

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, 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 with the same. In this case, however, earlier provision with a TENS unit has failed to generate any material improvements in function. The applicant remains off of work. The applicant is having difficulty performing activities of daily living as basic as standing, walking, making her bed, vacuuming, etc., despite ongoing usage of the TENS unit. Ongoing usage of TENS unit has failed to curtail the applicant's dependence on opioid agents such as Norco and Nucynta. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier provision with and usage of the TENS unit. Therefore, the request is not medically necessary.