

Case Number:	CM14-0100293		
Date Assigned:	08/06/2014	Date of Injury:	12/18/2007
Decision Date:	11/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/30/2014

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 Internal 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 61-year-old male who reported an injury on 08/31/2010 due to experiencing a stressful workplace. His diagnosis was adjustment disorder with mixed anxiety and depressed mood, chronic. Past treatments were cognitive behavioral psychotherapy and a psychotropic medication consultation. The injured worker was also consulting with a psychiatrist. Medications consisted of ram iron, Lunesta, and Ativan. The injured worker found that the use of the medications helped to improve his sleep. The injured worker completed psychological testing. Scores on the Beck Inventories suggested mild depression and a moderate level of anxiety. The score on the suicide probability scale suggested a mild risk of suicide. On the Wahler Physical Symptoms Inventory, the injured worker's score suggested a high degree of preoccupation with somatic symptoms and physical functioning. The injured worker's MMPI-2 profile tested as significantly anxious. The injured worker's profile suggested the presence of tension and restlessness. The injured worker's Global Assessment of Functioning was 57. It was reported that the predominant cause of the psychiatric condition was due to cumulative trauma from 09/2007 to 08/31/2010 due to stressful classroom events, the lack of disciplinary support from administration or parents, ongoing vandalism, and management criticism. Due to the injured worker's condition and the severity of his symptoms, including persistent depressed mood, sleep disorder, tearfulness, and the presence of anxiety, it was amended that the diagnosis was changed in 12/2013 to reflect major depression disorder, single episode, severe. The injured worker was working with a therapist to develop a new framework and point of view to alter his pattern of thinking and improve his coping skills. The injured worker reported improved sleep with the use of prescribed medications. The injured worker could obtain 6.5 to 7 hours of rest at night. He was irritable and socially withdrawn. He reported continued episodes of tearfulness. His self-esteem and libido were lowered. The injured worker reported to be fearful of returning

to a regular classroom situation. It was reported that the purpose and goal of prescribing Ativan was to reduce the injured worker's anxiety and tension and to contribute to better sleep. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous Electric Nerve Stimulation) Unit 30 day trial: 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 TENS Unit, Page(s): 116. Decision based on Non-MTUS Citation ODG); Pain section, TENS unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the TENS unit is not medically necessary. Criteria for the TENS unit include chronic intractable pain. There must be evidence of other appropriate pain modalities such as medications that have failed, a treatment plan including specific short and long-term goals of treatment with the tens unit should be submitted. After a successful one month trial, continued treatment may be recommended if the physician documents the patient is likely to derive significant therapeutic benefit. In this case, the request for the TENS unit was made on May 21 of 2014. There is no documentation in any progress note (the most recent all was dated June 14, 2014) discussing the medical necessity, need or indication for TENS unit. Other than the request, there was no documentation for tens unit. Part of that deficiency includes specific short and long-term goals of treatment with the TENS unit. There was none. Consequently, the TENS unit (one month rental) is not medically necessary. Based on clinical information in the medical record of the peer-reviewed evidence-based guidelines, the TENS unit 30 day trial is not medically necessary.