

Case Number:	CM14-0108471		
Date Assigned:	08/08/2014	Date of Injury:	01/04/2011
Decision Date:	10/02/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/13/2014

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 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 January 4, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; unspecified amounts of acupuncture; and sacroiliac joint injection therapy. In a Utilization Review Report dated June 30, 2014, the claims administrator denied a request for a three-month trial of the TENS unit. The applicant's attorney subsequently appealed. In a June 9, 2014 progress note, the applicant reported persistent complaints of low back pain, 7-9/10. It was stated that NSAIDs did not provide adequate pain relief. The other modalities which the applicant received have likewise only provided temporary or fleeting pain relief. Urine toxicology testing, genetic metabolism testing, a topical compounded cream, and SI (sacroiliac) joint injection therapy were sought. In an August 20, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the leg. The applicant suggested that a TENS unit had not helped. It was stated that the applicant was not working and was "indefinitely retired." In a July 23, 2014 progress note, further SI joint injection therapy was sought. In a handwritten note dated April 16, 2014, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit with 3 months supplies: Upheld

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

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, provision of a TENS unit and/or purchase of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the said one-month trial, "in terms of pain relief and function." In this case, however, the applicant had apparently already received the TENS unit at issue. There was no evidence of a successful response to the same. The applicant remained off of work, on total temporary disability, and remained highly reliant and highly dependent on other forms of medical treatment, including SI joint injections, topical compounds, oral analgesics, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier provision of the TENS unit. Therefore, the request is not medically necessary.