

Case Number:	CM14-0010011		
Date Assigned:	02/21/2014	Date of Injury:	06/26/2003
Decision Date:	06/25/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 has filed a claim for chronic neck and hand pain reportedly associated with an industrial injury of June 26, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; psychotropic medications; anxiolytic medications; unspecified amounts of psychotherapy; topical compounds; and long- and short-acting opioids. In a genetic testing report dated August 28, 2013, the applicant reported that she was using OxyContin, Percocet, Neurontin, Xanax, Paxil, and Ambien at that point in time. In a later handwritten note, very difficult to follow, not entirely legible, and not clearly dated, the attending provider noted that the applicant had ongoing complaints of hand pain, forearm pain, and neck pain, reportedly burning, despite medications. Positive Tinel and Phalen signs were noted with a well-healed surgical incision line noted about the cervical spine. Prescriptions for Paxil, Xanax, and oxycodone were apparently endorsed, along with a TENS machine and associated supplies. Several topical compounded drugs were also prescribed. An earlier note of November 25, 2013 was notable for comments that the applicant was 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 MACHINE WITH SUPPLIES AND REPLACEMENT BATTERIES: Upheld

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

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a successful one-month trial of the same, with evidence of favorable outcomes in terms of both pain relief and function. In this case, however, there is no evidence that the applicant has completed and/or received an earlier successful one-month trial of the same. There is no evidence that the applicant previously used a TENS unit. There is no evidence that the applicant ever completed a successful one-month trial of said TENS unit at an earlier point in the past. It is further noted that the attending provider's documentation is sparse, handwritten, difficult to follow, not entirely legible, does not make a compelling case for usage of the device in question. Therefore, the request is not medically necessary.