

Case Number:	CM14-0013282		
Date Assigned:	02/26/2014	Date of Injury:	05/05/2000
Decision Date:	06/26/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/03/2014

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 May 5, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier spine surgery; topical patches; sleep aids; anxiolytics; muscle relaxants; an intrathecal pump; and trigger point injection therapy. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for a home TENS unit between the dates of January 20, 2014 through March 6, 2014. The claims administrator apparently based its denial on the fact that the attending provider had not provided clear goals for treatment with the TENS unit. The claims administrator also wrote, someone incongruously, that telephone contact with the attending provider provided information that the request was for a rental and that the goal of TENS unit therapy was to decrease usage of breakthrough medications. The claims administrator also stated that there was no recent failure of conservative care, although noted that the applicant had failed multiple surgeries and multiple medications. The applicant's attorney subsequently appealed. In a clinical progress note of December 13, 2013, the applicant was described as using a variety of pain medications, including Soma, Norco, Ambien, Lidoderm patches, Zomig, and Colace. Intrathecal pump reprogramming apparently transpired on the same date. Authorization for home TENS unit was sought to treat the applicant's apparent flare of severe low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

**TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR UNIT BETWEEN
1/20/2014 AND 3/6/2014: Overturned**

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: LOW BACK COMPLAINTS & CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Criteria for the Use of TENS Topic. Page(s): 11.

Decision rationale: Based on documentation provided by the claims administrator, the request is for a rental. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of a TENS unit is recommended in applicants with chronic, intractable pain of three months' duration in applicants who have failed other appropriate pain modalities, including medications. In this case, the applicant has in fact failed other appropriate pain modalities, including pain medications, physical therapy, injections, and intrathecal pain pump, earlier spine surgery, etc. A one-month trial of TENS unit between the dates in question was/is medically necessary.