

Case Number:	CM14-0015033		
Date Assigned:	02/28/2014	Date of Injury:	08/06/2011
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/06/2014

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 pain syndrome, chronic shoulder pain, muscle spasm, psychological stress, chronic knee pain, chronic low back pain, and insomnia reportedly associated with an industrial injury of August 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical compounded drugs; and extensive periods of time off of work. In a Utilization Review Report dated January 13, 2014, the claims administrator modified a request for a TENS unit purchase with derivative supplies to a one-month trial of said unit with one-month derivative supplies. The applicant's attorney subsequently appealed. A December 3, 2013 progress note was notable for comments that the applicant was a former nurse assistant who reported multifocal complaints of headaches, shoulder pain, low back pain, knee pain, and psychological stress. The applicant was given work restrictions which were resulting in her being placed off of work. A TENS unit and derivative supplies were apparently sought. X-ray, extracorporeal shockwave therapy, and functional capacity testing were also ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRODES, BATTERIES & LEAD WIRES - TWO (2) MONTHS SUPPLIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, 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, provision of a TENS unit and/or derivative supplies beyond an initial one-month trial are predicated on evidence of a successful outcome in terms of both pain relief and function with said one-month trial of the TENS device. In this case, however, there has been no evidence of a successful one-month trial of said TENS device. In this case, the attending provider sought authorization for the TENS unit and two months' derivative supplies without evidence of a prior successful one-month trial. This was not indicated. Therefore, the request was not medically necessary.

TENS UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TENS, 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, provision of a TENS unit beyond the successful one-month trial should be predicated on evidence of favorable outcomes in terms of both pain relief and function with said TENS unit trial. In this case, however, the attending provider sought authorization to purchase the device without a prior one-month trial of the same. This was not indicated. Therefore, the request was not medically necessary.