

Case Number:	CM14-0114834		
Date Assigned:	08/04/2014	Date of Injury:	06/26/2003
Decision Date:	09/11/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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 and knee arthritis reportedly associated with an industrial injury of June 26, 2003. In a Utilization Review Report dated July 1, 2014, the claims administrator denied a request for a TENS unit, batteries, electrodes, and associated supplies. The applicant's attorney subsequently appealed. The claims administrator did enclose a catalogue of records; however, no records were incorporated into the Independent Medical Review application. In its appeal letter, the applicant's attorney simply stated on July 17, 2014 that he was appealing the decision but did not set forth a specific basis for the denial. The applicant's work status, functional status, and/or rationale for the TENS unit were not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Batteries alkaline AAA Durcell for purchase, #6.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Transcutaneous Electrotherapy Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: It appears that the request represents a request to provide the applicant with supplies for a TENS unit. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of both pain relief and function during said one-month trial. In this case, however, no clinical progress notes were attached to the application for Independent Medical Review. Neither the applicant's attorney nor the attending provider has outlined how (or if) earlier use of the TENS unit had proven beneficial here. Therefore, the request is not medically necessary.

Electrodes two/pack for purchase, #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Transcutaneous Electrical Nerve Stimulator Unit (TENS) Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As with the request for batteries, the request seemingly represents a request for provision of TENS unit supplies. However, as noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. In this case, however, no clinical progress notes were incorporated into the Independent Medical Review packet. Neither the applicant's attorney nor the attending provider outlined how (or if) previous usage of a TENS unit had been beneficial here. Therefore, the request is not medically necessary.