

Case Number:	CM14-0136342		
Date Assigned:	09/03/2014	Date of Injury:	12/27/2000
Decision Date:	10/14/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 reportedly associated with an industrial injury of December 27, 2000. In a Utilization Review Report dated August 8, 2014, the claims administrator denied a request for a TENS unit purchase. Somewhat incongruously, the claims administrator invoked the MTUS Chronic Pain Medical Treatment Guidelines at the bottom of the report but then cited ACOEM in its rationale. The applicant's attorney subsequently appealed. The TENS unit device was apparently sought on a request for authorization form/prescription form dated June 25, 2014. It did not appear that a progress note was attached to the same. In a February 5, 2014 progress note, the applicant reported ongoing issues with headaches, stress, anxiety, hip pain, groin pain, and ankle pain. Unspecified topical medication was endorsed while the applicant was placed off of work, on total temporary disability. In an earlier note dated March 26, 2014, the applicant again reported multifocal hip, upper back, and thigh pain, 7-10/10. The applicant was again placed off of work, on total temporary disability. A home health aide was later sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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, usage and/or purchase of a TENS unit beyond a one-month trial of the same should be predicated on evidence on a favorable outcome following the said one-month trial, in terms of both pain relief and function. In this case, however, it does not appear that the applicant had previously received a one-month trial of the TENS unit device at issue before an authorization to purchase the device was sought. The request for authorization/prescription form was apparently initiated without any accompanying progress note so as to make a case for the device at issue. Therefore, the request for TENS unit is not medically necessary.