MAXIMUS Federal Services

Case Number:	CM14-0152022		
Date Assigned:	09/22/2014	Date of Injury:	10/23/2013
Decision Date:	12/09/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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, mid back pain, and myofascial pain syndrome reportedly associated with an industrial injury of October 23, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; a TENS unit; and extensive periods of time off of work.In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for four TENS unit patches.The applicant's attorney subsequently appealed.In a progress note dated August 7, 2014, the applicant reported 3/10 low back pain radiating into left leg, chronic. The applicant denied using alcohol. The applicant was using a TENS unit and topical compounds. The applicant was still waking two to three times a week. The applicant was not working, it was acknowledged. The applicant was asked to continue topical Menthoderm, home exercise program, and a TENS unit. A rather proscriptive 10-pound lifting limitation was endorsed, which the attending provider acknowledged that the applicant's employer was unable to accommodate.In a Medical-legal Evaluation dated May 12, 2014, it was stated that the applicant should remain off of work, on total temporary disability status since late 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches times four (4): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision with a TENS unit and, by implication, 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, there has been no clear demonstration of functional improvement with earlier use of the TENS unit. The applicant remains off of work. The applicant remains dependent on various topical medications. A rather proscriptive 10-pound lifting limitation remains in place, seemingly unchanged, from visit to visit despite ongoing usage of the TENS unit. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of a TENS unit. Therefore, the request for TENS unit patches (supplies) is not medically necessary.