

Case Number:	CM14-0174637		
Date Assigned:	10/27/2014	Date of Injury:	09/01/2013
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Preventive 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 September 1, 2013. Thus far, the applicant has been treated with following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery in January 2014; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 3, 2014, the claims administrator denied a request for TENS unit with associated supplies. The report rationale compromised almost entirely of cited guidelines, with little in the way of applicant-specific rationale incorporated into the report. The applicant's attorney subsequently appealed. The claims administrator stated that its decision was based on the request for authorization (RFA) form dated September 11, 2014. In an August 18, 2014 progress note, it was acknowledged that the applicant was not working. A rather proscriptive 15-pound lifting limitation was endorsed. A prescription for Ultram was also endorsed. There is no mention of the applicant's using a TENS unit on this date. On September 8, 2014, the applicant reported ongoing complaints of low back pain radiating to the leg. The attending provider stated that the TENS unit had been helpful, but did not state in what context the applicant had employed the TENS unit. Eight sessions of physical therapy and a 25-pound lifting limitation were endorsed. It did not appear that the applicant was working, however. In an August 27, 2014 physical therapy progress note, it was acknowledged that the applicant was off of work owing to medical restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS 9792.20f Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision and/or purchase of a TENS unit should be predicated on evidence of a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. In this case, however, the attending provider has not established the presence of a previously successful one-month trial of the TENS unit at issue before the request of purchase of the same was sought. The attending provider did not state in what context the applicant had previously employed the TENS unit, in progress notes of September 8, 2014 and August 18, 2014, i.e., the two progress notes immediately adjacent to the request for authorization (RFA) form of September 11, 2014. It is further noted that the applicant's failure to return to work, and continued imposition of work restrictions resulting in the applicant's removal from the workplace, moreover, would suggest a lack of functional improvement as defined in MTUS 9792.20f, assuming the applicant in fact received an earlier one-month trial of the TENS unit. Therefore, the request is not medically necessary.