

Case Number:	CM14-0182307		
Date Assigned:	11/07/2014	Date of Injury:	06/01/2011
Decision Date:	12/12/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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, anxiety, and depression reportedly associated with an industrial injury of June 1, 2011. In a Utilization Review Report dated October 23, 2014, the claims administrator denied a request for purchase of a 4-lead TENs unit. The applicant's attorney subsequently appealed. In a hand written note dated August 21, 2014, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, 2/10. Naproxen was refilled. The applicant's work status was not clearly stated. In a September 2, 2014 progress note, the applicant presented with a multitude of complaints, including back pain, thigh pain, leg pain, ankle pain, anxiety, and depression. A psychiatry consultation was sought. The applicant has to consult urology for reported erectile dysfunction. The note comprised, in large part, of preprinted checkboxes, with little to no narrative commentary. There was no mention of the applicant's having previously used a TENS unit on this date. An H-Wave device and aquatic therapy were also sought while the applicant was kept off of work, for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase TENS 4 - Lead Digital: 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 topic. Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS 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, it appeared that the attending provider sought authorization for the four-lead TENS unit without evidence of a previous successful one-month trial of the same. It is further noted that page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also states that two-lead TENS unit are generally recommended. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines states that provision of a four-lead TENS unit must be accompanied by documentation of why such a unit is necessary. Here, the attending provider has not furnished any compelling applicant-specific rationale for provision of a four-lead TENS unit in favor of a two-lead TENS unit. The request, thus, as written, runs counter to several MTUS principles and parameters. Therefore, the request is not medically necessary.