

Case Number:	CM14-0023144		
Date Assigned:	05/14/2014	Date of Injury:	05/07/2010
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 foot pain reportedly associated with an industrial injury of May 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; a cane; multiple foot and ankle surgeries; and initial diagnosis with a foot fracture. In a Utilization Review Report dated February 13, 2014, the claims administrator apparently denied a request for a TENS unit on the grounds that there was no evidence that the applicant had had a previously successful one-moth trial of the same. The applicant's attorney subsequently appealed. On September 12, 2013, the attending provider sought authorization for an orthopedic shoe. On December 17, 2013, the applicant was described as not working at the current time. The applicant reported persistent 7/10 foot pain and psychological symptoms. A TENS unit was apparently sought through a request for authorization form dated January 22, 2014. The request for authorization form was not attached to any narrative rationale, commentary, or progress note. On January 20, 2014, the applicant was described as having persistent complaints of foot and ankle pain. The applicant was using Motrin and Norco for pain relief and was again described as not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-11.

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, TENS unit should be purchased if there is evidence that an applicant had previously completed a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function achieved as a result of the TENS unit usage. In this case, however, the attending provider seemingly sought authorization for the TENS unit without evidence of a previously successful one-month trial. No narrative rationale, commentary, or progress note was attached to the request for authorization. Therefore, the request is not medically necessary.