

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0026317 | | |
| Date Assigned: | 06/16/2014 | Date of Injury: | 06/28/2005 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 02/24/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 low back pain reportedly associated with an industrial injury of June 28, 2005. Thus far, the applicant has been treated with analgesic medications, attorney representation, topical patches, a TENS unit and epidural steroid injection therapy. In a utilization review report dated February 24, 2014, the claims administrator seemingly denied a request for a replacement TENS unit. The rationale was extremely circuitous and very difficult to follow, but did seemingly allude to the fact that the applicant had not demonstrated any lasting benefit through the previously provided TENS unit. The applicant's attorney subsequently appealed. A January 31, 2014 progress note was notable for comments that the applicant reported 4 to 5/10 pain with medications, constant, and aching. The applicant stated that his previously provided TENS unit had ceased working. The applicant stated that would like to have same unit replaced. Lumbar MRI imaging was endorsed. The applicant was given a prescription for Lidoderm patches. The applicant's work status was not detailed on this occasion. In an August 16, 2013 progress note, the applicant apparently presented for a medication refill. The applicant was placed off of work, on total temporary disability, medications, a repeat epidural steroid injection therapy, medial branch block, and/or radiofrequency ablation procedures were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPLACE TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) UNIT AND SUPPLIES FOR LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

Decision rationale: As noted on page 116 of California MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis and/or procurement of associated supplies is predicated on evidence on favorable outcomes in both terms of pain relief and function with an earlier one-month trial of the same. In this case, however, the applicant has seemingly been furnished with an earlier TENS unit on a purchase basis. There was, however, no evidence of any lasting benefits or functional improvement as defined in MTUS 9792.20f achieved through the same. The applicant remained off of work. The applicant remained highly reliant on various forms of medical treatment, including medications such as Naprosyn and Lidoderm and epidural steroid injection therapy. All of the above, taken together, argued against any functional improvement achieved through usage of the previously provided unit. Therefore, the request for replacement TENS unit is not medically necessary.