

Case Number:	CM14-0037986		
Date Assigned:	06/25/2014	Date of Injury:	07/18/2011
Decision Date:	07/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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 July 18, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; 27 sessions of physical therapy, per the claims administrator; and at least 6 sessions of chiropractic manipulative therapy. In a utilization review report dated March 4, 2014, the claims administrator denied a request for a TENS unit. While the MTUS Chronic Pain Medical Treatment Guidelines were cited, the claims administrator did not incorporate said guidelines into its rationale. The claims administrator apparently denied the request on the grounds that the attending provider did not furnish supplemental information to support the request. The applicant's attorney subsequently appealed. A February 24, 2014, progress note is notable for comments that the applicant had persistent complaints of low back and left shoulder pain, 4/10 to 6/10. The applicant was given renewals of tramadol and Naprosyn. A three-month TENS unit rental was endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Transcutaneous electrical nerve stimulation) unit 3 months trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation).

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, a one-month trial of a TENS unit is indicated in the treatment of chronic intractable pain of greater than three months' duration in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, however, while there is evidence that other appropriate pain modalities, including pain medications, physical therapy, manipulative therapy, etc., have been tried and/or failed, the three-month trial proposed by the attending provider is well in excess of MTUS parameters. No compelling rationale for a three-month trial as opposed to the one-month trial period suggested on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines has been furnished by the attending provider. Therefore, the request is not medically necessary.