

Case Number:	CM14-0038757		
Date Assigned:	06/27/2014	Date of Injury:	09/25/2013
Decision Date:	07/29/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 neck and low back pain reportedly associated with an industrial injury of September 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of massage therapy; unspecified amounts of acupuncture; attorney representation; a functional capacity evaluation; unspecified amounts of physical therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated March 18, 2014, the claims administrator denied a request for a TENS unit, electrodes, and replacement battery. In a progress note date June 23, 2014, the applicant was described as having persistent complaints of neck and low back pain, which she posited have been improved as a result of acupuncture. The applicant was off of work, on total temporary disability, and was concurrently receiving disability benefits, it was stated. Additional acupuncture was sought. Multiple progress notes interspersed throughout 2014 were notable for comments that the applicant was off of work. The remainder of the file was surveyed. There were no mention of the applicant having been given a TENS unit to employ on a trial basis. On January 17, 2014, authorization for multiple MRIs was sought. The applicant was having heightened complaints of depression at that point in time. The applicant was placed off of work, on total temporary disability, at that point. Later notes of February 13, 2014 and March 27, 2014 likewise do not make any mention of the applicant having undergone a successful one-month trial of the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME purchase of tens unit and accompanying supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Chronic Pain (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: The MTUS Chronic Pain Medical Treatment Guidelines, state that provision of and/or purchase of a TENS unit beyond an initial one-month trial should be predicated on favorable outcomes with the same, in terms of both pain relief and function. In this case, however, there is no evidence that the applicant has had a successful one-month trial of a TENS unit. The attending provider did not indicate usage of a TENS unit on multiple progress notes surrounding the Utilization Review Report. Furthermore, the applicant remains off of work, on total temporary disability, and remains highly reliant on a variety of analgesic and psychotropic medications. Therefore, the request for a purchase of a TENS unit and accompanying supplies is not medically necessary and appropriate.