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| Case Number: | CM14-0080107 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 05/12/2000 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 05/01/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 May 12, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; at least 12 prior sessions of acupuncture; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for a TENS unit for home use purposes. Non-MTUS Third Edition ACOEM Guidelines were cited at the bottom of the report, although the claims administrator did not incorporate these guidelines into its rationale. The applicant's attorney subsequently appealed. In a May 9, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral legs. The applicant exhibited positive straight leg raising and tenderness about the paraspinal musculature. Authorization for a TENS unit purchase for home use purposes was sought. The applicant was asked to pursue additional acupuncture and obtain electrodiagnostic testing. Prescriptions for omeprazole, naproxen, and tramadol were endorsed. The applicant was already permanent and stationary, it was acknowledged. It did not appear that the applicant was working, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Extension for a TENS Unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome following a one-month trial of the same, with good outcome in terms of both pain relief and function. In this case, however, the attending provider has seemingly sought authorization for the TENS unit on a purchase basis without having completed a one-month trial of the same. Therefore, the request is not medically necessary.