MAXIMUS Federal Services

Case Number:	CM14-0084857		
Date Assigned:	07/30/2014	Date of Injury:	08/20/2012
Decision Date:	09/26/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/06/2014

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 August 20, 2012. The applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 9, 2014, the claims administrator denied a request for a permanent home TENS unit. Overall rationale was sparse-to-nil but seemingly predicated on the fact that the attending provider did not furnish compelling documentations to support the request. The applicant's attorney subsequently appealed. In a March 17, 2014 consultation report, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant was permanent and stationary with "permanent disability," it was suggested. 5/10 pain was reported. The applicant was using diclofenac and Voltaren for pain-relief purposes. A 30-day TENS unit home trial was sought. Permanent work restrictions were renewed. Motrin was prescribed. The remainder of the file was surveyed. There was no documentation of how the applicant had responded favorably to the earlier one-month trial of the TENS unit in question. No progress notes beyond March 26, 2014 were on file. The applicant's response to the earlier one-month TENS unit trial was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent TENS Unit for Home Use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

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 California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and/or associated supplies beyond an initial one-month trial of the same should be predicated on evidence of a favorable outcome during the said one-month trial, in terms of both "pain relief and function." In this case, however, the attending provider has not clearly stated whether or not the applicant received the earlier one-month trial of the TENS unit in question. The attending provider has not established whether or not the applicant had a favorable response to the earlier TENS unit trial. It appears that the request for authorization to purchase the device has been initiated without evidence that the applicant had, in fact, had a favorable response to the earlier TENS unit trial. Therefore, the request is not medically necessary.