

Case Number:	CM14-0089880		
Date Assigned:	09/10/2014	Date of Injury:	10/03/2009
Decision Date:	10/14/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/13/2014

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 October 3, 2009. The applicant has been treated with the following: Analgesic medications; attorney representations; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 15, 2014, the claims administrator denied a request for an interferential stimulator-TENS combo device purchase, stating that the applicant had not had a successful one-month trial of the same before a request to purchase the device was initiated. The applicant's attorney subsequently appealed. In a June 6, 2014 progress note, the applicant presented with chronic low back pain, 9/10. The applicant was using Norco, Fosamax, Cymbalta, Naprosyn, Neurontin, Flector, and Lidoderm patches, it was stated. Multiple medications were renewed. Trigger point injections were performed in the clinic setting. In a handwritten progress note dated August 27, 2014, the applicant was placed off of work, on total temporary disability, through October 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Combo Unit and Supplies (Electrodes and batteries) Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

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 Chronic Pain Medical Treatment Guidelines, usage of and/or purchase of a TENS unit beyond an initial one-month trial 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, there is no evidence that the applicant had, in fact, had a successful one-month trial of the device at issue before a request to purchase the same was initiated. Therefore, the request is not medically necessary.