

Case Number:	CM14-0164570		
Date Assigned:	10/09/2014	Date of Injury:	07/20/2013
Decision Date:	01/02/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 July 20, 2013. Thus far the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; unspecified amounts of acupuncture; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator failed to approve request for a TENS unit electrodes, lead wires, and batteries. The applicant's attorney subsequently appealed. In a September 25, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was still using Norco for pain relief and was status post recent epidural steroid injection therapy on August 24, 2014. The applicant was placed off of work, on total temporary disability. In an earlier note dated August 28, 2014, it was stated that the applicant had responded well to previous usage of the TENS unit in one section of the note while another section of the note stated that the applicant was awaiting authorization for a 30-day trial of the same. The applicant was placed off of work, on total temporary disability. The applicant was again described using Norco for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Months Supply of Electrodes for one month Tens Unit Trial Per 9/23/14 Form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS - Neck and Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS topic Page(s): 116.

Decision rationale: Based on the attending provider's somewhat incongruous documentation, this appear to represent a request for provision of TENS unit electrode/TENS supplies after a one month trial was already documented as having been completed on August 28, 2014. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain and function. Here, however previous usage of TENS unit has not, in fact, generated requisite improvements in pain and/or function. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioids agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.

3 Months Supply of Lead Wires, for one month Tens Trial Per 9/23/14 Form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), TENS - Neck and Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS topic Page(s): 116.

Decision rationale: The request in question does represent a request for provision of supplies of seemingly previously dispensed TENS unit, it was suggested on an earlier progress note of August 28, 2014. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that provision of a TENS unit and/or associated supplies beyond an initial one month trial should be predicated on evidence of favorable outcome during said one month trial in terms of both pain relief and function. Here, however, the applicant was described as having previously received the TENS unit in question on August 28, 2014. There has been no evidence that the one-month trial of the TENS unit was successful. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the TENS unit. Therefore, the request for provision of associated lead wires is not medically necessary.

3 Months Supply of Replacement Batteries for one month Tens Unit Trial Per 9/23/14 Form: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TENS - Neck and Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS topic Page(s): 116.

Decision rationale: The requesting in question does represent a request for provision of supplies associated with a previously dispensed TENS unit. The applicant was described as having previously received a TENS unit on another office visit of August 28, 2014. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, however, usage of TENS and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcome during said the one-month trial in terms of both pain relief and function. Here, however, the applicant is off of work, on total temporary disability, and remains dependent on opioid agents such as Norco. All of the forgoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of TENS unit. Therefore, the request is not medically necessary.