

Case Number:	CM14-0172116		
Date Assigned:	12/11/2014	Date of Injury:	05/28/2012
Decision Date:	01/15/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

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 foot, ankle, and knee pain reportedly associated with an industrial injury of May 28, 2012. In a Utilization Review Report dated September 18, 2014, the claims administrator conditionally denied Naprosyn, conditionally denied Norco, and denied a TENS unit. The claims administrator stated that its decision was based on a progress note of August 14, 2014. The applicant's attorney subsequently appealed. In a September 25, 2014 progress note, the applicant reported 8-9/10 ankle pain, reportedly diminished by 50% with medications. The applicant was status post earlier tibial ORIF surgery and was in the process of obtaining a hardware removal procedure. Norco, Naprosyn, and Prilosec were renewed. A TENS unit was sought while the applicant was placed off of work, on total temporary disability. On August 14, 2014, the applicant again reported 8-9/10 knee pain, reportedly diminished by 50% with medications. A TENS unit, Norco, and Naprosyn were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Unit.

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

Decision rationale: While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a one-month trial of the TENS unit can be employed in applicants with chronic intractable pain of greater than three months' duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed, in this case, however, the requesting provider has written on several occasions, referenced above, that the applicant is using medications such as Norco and Naprosyn to good effect and is, furthermore, reporting a reduction in pain scores of 50% with the same, effectively obviating the need for the TENS unit. It is further noted that page 116 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that a TENS unit purchase be predicated on evidence of a successful outcome following an initial one-month trial of the same, in terms of both pain relief and function. Here, however, the requesting provider seemingly sought authorization to purchase the device without evidence that the applicant had completed a one-month trial of the same. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.