MAXIMUS Federal Services

Case Number:	CM14-0184645		
Date Assigned:	11/12/2014	Date of Injury:	04/17/2012
Decision Date:	01/15/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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 April 17, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; mechanical device for administering massage; unspecified amounts of physical therapy; earlier lumbar laminectomy surgery; previous provision with a TENS unit; earlier lumbar discectomy surgery of February 30, 2014; and extensive periods of time off of work. In a Utilization Review Report dated October 7, 2014, the claims administrator failed to approve requests for two pairs of TENS patches. The applicant's attorney subsequently appealed. In a September 20, 2014 progress note, the applicant reported persistent complaints of low back pain, mid back pain, and myofascial pain status post earlier lumbar surgery in February 30, 2014. The applicant reported an average pain score of 5/10. Pain, cramping, and numbness were appreciated. The applicant stated that Flexeril was making him tired but suggested that TENS unit was beneficial. This was not elaborated or expounded upon. TENS unit patches were refilled. It was stated that the applicant had sufficient unspecified other medications. The applicant was kept off of work, on total temporary disability. The applicant was in the process of pursuing a redo lumbar laminectomy surgery. In an RFA form dated September 18, 2014, the applicant was given refills of omeprazole, fenoprofen and TENS unit patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch X 2 Pairs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

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 MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial of the same should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant has already received the TENS unit at issue but has, however, seemingly failed to demonstrate a favorable response to previous usage of the same. The applicant is off of work, on total temporary disability. The applicant was in the process of pursuing repeat lumbar spine surgery. The applicant remains dependent on analgesic medications, including fenoprofen (Nalfon). 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 two pairs of TENS unit patches was not medically necessary.