

Case Number:	CM14-0201433		
Date Assigned:	12/11/2014	Date of Injury:	03/06/2014
Decision Date:	01/30/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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 low back pain reportedly associated with an industrial injury of March 6, 2014. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced progress note of October 26, 2014, July 8, 2014, April 20, 2014, and April 14, 2014, in its denial. The claims administrator stated that the applicant has had physical therapy, epidural steroid injection therapy, physical therapy, manipulative, and acupuncture. The claims administrator stated that the applicant had electrodiagnostically confirmed lumbar radiculopathy. The applicant's attorney subsequently appealed. On November 5, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant was receiving workers' compensation indemnity benefits, it was acknowledged. The applicant was morbidly obese, standing 5 feet 2 inches tall, weighing 240 pounds. 12 sessions of physical therapy and epidural steroid injection therapy were endorsed. There was no mention of the applicant's using a TENS unit on this occasion. It was suggested that the applicant would likely need surgical decompression if the epidural failed. The attending provider stated on November 5, 2014, the applicant should continue Neurontin at a heightened dose and obtain a TENS unit for home use purposes while pursuing epidural steroid injection. Norco and Naprosyn were also renewed. On October 21, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg. Norco and Naprosyn were renewed. The applicant underwent an epidural steroid injection on October 30, 2014. On October 3, 2014, cyclobenzaprine, Naprosyn, and Norco were endorsed for ongoing complaints of low back pain. On August 20, 2014, the applicant reported 8 to 9/10 low back pain radiating to the left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of home transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 115.

Decision rationale: The proposed TENS unit purchase is not medically necessary, medically appropriate, or indicated here. As noted on page 115 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit should be predicated on evidence of a favorable outcome in terms of both pain relief, and function during the earlier one-month trial of the same. Here, however, there was/is no evidence that the applicant had in fact completed a successful one-month trial of the TENS unit before request for authorization to purchase the device was initiated. Several progress notes, referenced above, contained no references to the applicant's having previously received successful one-month trial of the device at issue. Rather, it appeared that the attending provider sought authorization to purchase the device on November 5, 2014, without previous one-month trial of the same. Therefore, the request is not medically necessary.