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| Case Number: | CM14-0201620 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 04/20/2010 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 11/20/2014 |
| Priority: | Standard | Application Received: | 12/02/2014 |

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, has a subspecialty in ENTER SUBSPECIALTY 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 20, 2010. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for TENS unit patches/TENS unit supplies. The claims administrator referenced a November 5, 2014 progress notes in its denial. The claims administrator noted that the applicant had received earlier treatment including physical therapy, epidural steroid injection therapy, a lumbar support, a TENS unit, and acupuncture. Despite the fact that the MTUS addressed the topic, the claims administrator nevertheless invoked non-MTUS ODG Knee Chapter Durable Medical Equipment Guidelines. The applicant's attorney subsequently appealed. On November 25, 2014, the applicant reported persistent complaints of low back and shoulder pain. The applicant was status post earlier shoulder rotator cuff repair surgery on May 15, 2013. The applicant also had myofascial pain complaints in addition to ongoing lumbar radicular complaints, it was posited. The applicant was asked to continue using the TENS unit and associated patches, Lidoderm patches, and a topical compounded ketoprofen containing cream, while remaining off of work, on total temporary disability. On November 5, 2014, the applicant reported 3 to 4/10 pain complaints with difficulty standing, walking, and overhead reaching appreciated. TENS unit patches and Lidoderm 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:

6 Months Supplies of Transcutaneous Electrical Nerve Stimulation (TENS) Unit Patches:
Upheld

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

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

Decision rationale: This is a 58 year old male who suffered an industrial related injury on 9/21/99. Mechanism of injury was not reported. A physician's report dated 6/3/13 noted the injured worker had complaints of whole body pain. The injured worker was taking Norco 5/325mg. The injured worker stated that he would not take injections even if they were authorized. The physical examination revealed bilateral shoulder decreased range of motion and tenderness to palpation diffusely. Diagnoses included status post right shoulder and right carpal tunnel release surgery in 2001 and 2004, whole body pain, lumbar degenerative disc disease with facet arthropathy, lumbar herniated disc at L5-S1 with right S1 radiculopathy. A physician's report dated 10/13/14 noted the injured worker had pain involving the right inner elbow. A compounded ointment was noted to be somewhat helpful. The physical examination revealed significant tenderness over the right medial epicondyle of the elbow after a brace was removed. Grip strength was reduced on the left. The physician noted a cortisone injection may be greatly helpful for the right inner elbow pain. On 11/19/14 the utilization review (UR) physician denied the request for 1 right inner elbow medial epicondyle steroid injection. The UR physician noted there was no clear detail provided as to what previous treatment was provided for the right elbow region since the injury including outcomes which should be clarified in order to help facilitate the appropriate treatment plan. Also the Medical Treatment Utilization Schedule guidelines state steroid injections for the elbow only provide some temporary pain relief if any and are not long term relief based. Therefore the request is not medically necessary.