

Case Number:	CM14-0208448		
Date Assigned:	12/22/2014	Date of Injury:	10/08/2012
Decision Date:	02/17/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/12/2014

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 and knee pain reportedly associated with an industrial injury of October 8, 2012. In a Utilization Review Report dated November 19, 2014, the claims administrator denied a request for electrodiagnostic testing of the bilateral lower extremities. The claims administrator referenced a February 14, 2014 progress note in its determination. The note was very difficult to follow and comprised, in large part, of historical Utilization Review Reports. Also referenced at the bottom of the report were progress notes of July 10, 2014 and November 13, 2014. The applicant's attorney subsequently appealed. On April 24, 2014, the attending provider noted that the applicant presented with a primary complaint of low back pain. The applicant was not working and had last worked in 2012. Medications were refilled under a separate cover. The attending provider noted that the applicant had had 24 sessions of physical therapy, 8 to 12 sessions of acupuncture, and 14 sessions of chiropractic manipulative therapy, without any improvement. MRI imaging of the lumbar spine and electrodiagnostic testing of the bilateral lower extremities were sought via an RFA form dated June 5, 2014. On June 26, 2014, the applicant was, once again, described as not working owing to ongoing complaints of low back pain. Facet joint injections and Naprosyn were endorsed. On July 31, 2014, lumbar epidural steroid injection therapy was sought. There was no mention made of a TENS unit at this point. On August 8, 2014, the applicant received a lumbar facet joint injection. On August 28, 2014, the attending provider acknowledged that the applicant had received an epidural steroid injection. 7/10 pain was nevertheless reported. Work restrictions were endorsed, which the attending provider suggested that the applicant's employer was unable to accommodate. On September 26, 2014, electrodiagnostic testing and lumbar MRI imaging were endorsed. The applicant was reportedly considering a lumbar fusion surgery. On October 29, 2014, the applicant

was reportedly pending another epidural steroid injection. Medications were refilled under a separate cover. 7/10 low back pain was noted. There was no mention made of a TENS unit at this point in time. A TENS unit was endorsed via an RFA form dated November 17, 2014. There was no mention made of the applicant's having previously used the TENS unit on an associated progress note dated November 13, 2014, which did not contain any references to the need for the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit and supplies: 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 topic. Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, however, the attending provider seemingly sought authorization to purchase the TENS unit without evidence of a previously successful one-month trial of the same. The November 13, 2014 progress note contained no references to the applicant's having previously used a TENS unit on a trial basis. The article in question was endorsed via an RFA form of November 17, 2014, with no associated narrative commentary or rationale. Therefore, the request is not medically necessary.