MAXIMUS Federal Services

Case Number:	CM15-0002176		
Date Assigned:	01/08/2015	Date of Injury:	07/14/2011
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 35-year-old [redacted] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2011.In a Utilization Review Report dated December 17, 2014, the claims administrator denied request for a three-month rental of a TENS unit device. The claims administrator referenced a November 26, 2014 progress note in its determination. The claims administrator contended that the applicant had previously received a one-month rental of a TENS device at issue on August 12, 2014.The applicant’s attorney subsequently appealed. In a progress note dated November 3, 2014, the applicant reported ongoing complaints of low back pain radiating into the legs, 4-5/10. The applicant was placed off of work, on total temporary disability. An additional 12 sessions of chiropractic manipulative therapy were endorsed while the applicant was kept off of work. In a November 20, 2014 neurosurgery consultation, the applicant reported persistent complaints of low back pain. The applicant acknowledged that she had not returned to work since the injury. The applicant had received physical therapy, acupuncture, manipulative therapy, and epidural steroid injection therapy, it was acknowledged. Highly variable 3-9/10 pain was reported. The applicant had not worked since 2013. The applicant was using Norco, Soma, and Topamax, it was acknowledged. The attending provider suggested that the applicant consider an L5-S1 decompressive laminectomy procedure. On November 7, 2014, the applicant's primary treating provider placed the applicant off of work, on total temporary disability, incidentally noting that the applicant developed issues with depression. Toradol injection was administered. The applicant's medication list included naproxen, tramadol, Soma, Terocin, Flexeril, and Motrin. In a

progress note dated October 24, 2014, the attending provider suggested that the applicant continue the TENS unit rental, implying that the applicant had already received the same. The applicant was again 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:

3 month rental of a transcutaneous electrical nerve stimlulator unit (TENS): 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 topic. Page(s): 116.

Decision rationale: No, the request for three-month rental of a TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit 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, however, the applicant has had previously received and/or employed the TENS unit, both the claims administrator and attending provider acknowledged. The applicant had, however, failed to respond favorably to previous usage of the same. Severe complaints of low back and leg pain were reported. The applicant remained off of work, on total temporary disability. The applicant remained dependent on a variety of opioid and non-opioid agents, including Norco, Soma, Topamax, etc. 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 a continued three-month rental of the same was not medically necessary.