

Case Number:	CM15-0100998		
Date Assigned:	06/03/2015	Date of Injury:	11/24/2014
Decision Date:	07/09/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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, New York, 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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 24, 2014. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve a request for a TENS unit [purchase]. The claims administrator referenced an April 17, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten note seemingly dated April 9, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of back pain. The applicant was apparently asked to obtain a TENS unit of an appropriate size. LidoPro lotion and electrodiagnostic testing of the lower extremities were endorsed. The applicant's complete medication list was not detailed. In one section of the note, it was stated that the applicant had ceased worked on December 8th. In a progress note dated April 23, 2015, the applicant reported ongoing complaints of low back pain, 9/10. The applicant was using Flexeril and topical LidoPro lotion, it was reported. The applicant had received ultrasound therapy in the clinic. Medications and a 20-pound lifting limitation were endorsed. It was acknowledged that the applicant was not working with said limitation in place. In an order form dated "April 17, 2017," the attending provider endorsed a TENS unit for home use purposes. A purchase of the same was endorsed. Preprinted checkboxes were employed, without any supporting commentary. In a separate note dated April 17, 2015, it was acknowledged that the applicant was no longer working.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) machine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

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

Decision rationale: No, the request for a TENS unit [purchase] 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 on purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of beneficial outcomes in terms of both pain relief and function. Here, however, the attending provider seemingly endorsed the TENS unit in question via a misdated order form dated "April 17, 2017," without any supporting narrative rationale or commentary. There was no evidence that the applicant had undergone a previous-one month trial of the device in question before the request to purchase the same was initiated. Therefore, the request was not medically necessary.