MAXIMUS Federal Services

Case Number:	CM15-0106767		
Date Assigned:	06/11/2015	Date of Injury:	06/06/2014
Decision Date:	07/16/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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 29-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 6, 2014. In a utilization review report dated May 13, 2015, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced an RFA form received on May 7, 2015 in its determination, along with an associated progress note of April 17, 2015. The applicant's attorney subsequently appealed. On April 17, 2015, the applicant reported ongoing complaints of low back pain. A back brace, TENS unit, Norco, Motrin, Soma, additional physical therapy, and/or a rather proscriptive 15-pound lifting limitation were endorsed. The applicant had had 12 sessions of physical therapy to date, it was reported. The attending provider did not clearly state whether the applicant was or was not working with the aforementioned limitations in place. It did not appear that the applicant had employed the TENS unit in question on a trial basis in the past. On progress notes of February 9, 2015 and March 9, 2015, the attending provider stated that the applicant had never previously received a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase (Lumbar Spine): Upheld

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

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, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of favorable outcomes achieved in terms of both pain relief and function. Here, however, it did not appear that the applicant had previously employed the TENS unit on a trial basis before the request to purchase the same was initiated. Therefore, the request was not medically necessary.