MAXIMUS Federal Services

Case Number:	CM15-0107243		
Date Assigned:	06/11/2015	Date of Injury:	10/11/2006
Decision Date:	07/16/2015	UR Denial Date:	05/28/2015
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 55-year-old who has filed a claim for chronic elbow pain, shoulder pain and wrist pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of October 11, 2006. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for TENS unit for the left upper extremity. The claims administrator referenced a May 14, 2014 RFA form and associated progress note of April 24, 2015 in its determination. The applicant's attorney subsequently appealed. On April 24, 2015, the applicant reported 4 to 7/10 left upper extremity pain complaints. Complaints of elbow, wrist and shoulder pain were reported. The applicant was concurrently seeing a psychologist. The applicant's complete medication list was not clearly documented, although it was stated that the applicant was using Cymbalta and Tylenol and was apparently in the process of tapering off of Wellbutrin. A TENS unit was employed on a trial basis in the clinic setting. The attending provider stated that he was planning to dispense the TENS unit to the applicant in one section of note. In another section of the note, the attending provider stated that the applicant would employ the TENS unit on a trial basis. A paraffin bath device and prolotherapy were also sought. A topical compounded medication was endorsed. The applicant was not working with permanent restrictions in place, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, left upper extremity Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS; Physical Medicine Page(s): 116; 98.

Decision rationale: No, the request for TENS unit for the left upper extremity was not medically necessary, medically appropriate, or indicated here. The request was somewhat incongruously framed in the April 24, 2015 progress note, both as a trial rental with possible conversion to purchase and as a purchase. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that provision of a TENS unit on a purchase basis is predicated on evidence of favorable outcome during an earlier one month trial of said TENS unit, with evidence of favorable outcomes present in terms of both pain relief and function. Here, however, the attending providers seemingly dispensed the TENS unit on April 24, 2015, without having the applicant undergo a formal one-month home-based trial of the same. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of treatment. Here, the attending provider concurrently furnished the applicant with a paraffin bath device and a TENS unit on the April 24, 2015 progress note in question. The request, thus, as written, was at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.