

Case Number:	CM15-0136249		
Date Assigned:	07/24/2015	Date of Injury:	06/24/1992
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/14/2015

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 53-year-old who has filed a claim for chronic low back, neck, shoulder, wrist, and elbow pain reportedly associated with an industrial injury of June 24, 1992. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced a June 9, 2015 RFA form and an associated progress note of May 7, 2015 in its determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant reported ongoing complaints of neck, shoulder, wrist, elbow, and finger pain. A TENS unit was endorsed for pain control purposes. Unspecified pharmacological agents and analgesic medications were renewed under separate cover. The applicant was returned to regular duty work. In an associated RFA form dated June 9, 2015, the TENS unit in question was apparently sought on a purchase basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

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 beneficial outcomes present in terms of both pain relief and function. Here, however, the attending provider seemingly proposed that the applicant receive a TENS unit on a purchase basis on May 7, 2015 without having the applicant first undergo a successful one-month trial of the same. The request, thus, as written, was at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.