

Case Number:	CM15-0137438		
Date Assigned:	07/27/2015	Date of Injury:	10/16/2012
Decision Date:	09/21/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/15/2015

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 60-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of October 16, 2012. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for a TENS unit purchase. Associated electrodes, batteries, and therapy were also denied. The claims administrator referenced a May 27, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On January 9, 2015, the applicant reported ongoing complaints of neck and low back pain. Electrodiagnostic testing and epidural steroid injection was sought. The applicant had received multiple prior lumbar epidural steroid injections, lumbar radiofrequency ablation procedures, and SI joints blocks over the course of the claim. The applicant was using a cane, it was acknowledged in one section of the note. In another section of the note, it was stated that the applicants gait was normal. The applicants work status and medication list were not seemingly detailed. In a progress note dated April 1, 2015, Norco, Xanax, and Norflex were prescribed while the applicant was placed off of work, on total temporary disability. On May 27, 2015, an SI joint injection, pain management consultation, psychiatric consultation, Norco, Norflex, and Xanax were all prescribed while the applicant was placed off of work, on total temporary disability. The note was very difficult to follow and not altogether legible. The applicant was asked to continue aquatic therapy. There was no seeming mention that the applicant was having employed the TENS unit in question on a trial basis as of this date.

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) unit, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 235, 300, table 12-8, 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, provision of a TENS unit on a purchase basis contingent on an applicant's having had a favorable outcome during an earlier one-month trial of the same, in terms of the both pain relief and function. Here, however, the handwritten May 27, 2015 progress note made no mention of the applicants having employed the TENS unit at issue on one-month trial basis before a request to purchase the same was initiated. Therefore, the request was not medically necessary.

Electrodes, 10 packs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Batteries, Qty 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Set up / Delivery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.