

Case Number:	CM15-0140454		
Date Assigned:	07/30/2015	Date of Injury:	02/03/2015
Decision Date:	09/02/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/20/2015

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 34-year-old who has filed a claim for low back, shoulder, elbow, wrist, and forearm pain reportedly associated with an industrial injury of February 3, 2015. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for a 4-lead TENS unit. The claims administrator referenced an RFA form received on June 11, 2015 and an associated progress note of May 19, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated July 6, 2015, the applicant was placed off of work, on total temporary disability. 8/10 elbow, shoulder, and low back pain were reported. The attending provider posited that a moist heating pad, medications including naproxen, Flexeril, Neurontin, and a TENS unit were helpful in reducing the applicant's pain scores. The applicant was nevertheless placed off of work. On June 24, 2015, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue naproxen, Prilosec, LidoPro, and Neurontin. The attending provider stated that the TENS unit was beneficial in terms of reducing the applicant's pain complaints but then reported, somewhat incongruously, that the applicant's pain complaints were scored at 7/10 range, despite ongoing usage of the TENS unit. On May 19, 2015, a TENS unit was dispensed after an in-clinic one-session trial of the same. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant had 7/10 pain complaints prior to the TENS unit trial and 6/10 pain complaints after the TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Transcutaneous Electrical Nerve Stimulator (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrotherapy Page(s): 114-121.

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 outcome present in terms of both pain relief and function. Here, however, the attending provider dispensed the TENS unit in question on May 19, 2015 after having the applicant undergo an in-clinic trial of the same. It did not appear, thus, that the applicant had employed the TENS unit on a one-month trial basis before the article in question was dispensed. It is further noted that subsequent provision of the TENS unit did not appear to have generated significant improvements in function. The applicant was placed off of work, on total temporary disability, on progress notes of June 3, 2015, June 12, 2015, June 24, 2015, and July 6, 2015. Subsequent usage of the TENS unit failed to curtail the applicant's dependence on a variety of other analgesic and adjuvant medications including naproxen, Flexeril, and Neurontin. 8/10 pain complaints were reported on July 6, 2015. Provision and/or ongoing usage of the TENS unit at issue, thus, failed to effect evidence of functional improvement in terms of the parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.