

Case Number:	CM15-0145166		
Date Assigned:	08/06/2015	Date of Injury:	09/04/2009
Decision Date:	09/14/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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 a 62-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 4, 2009. In a Utilization Review report dated July 13, 2015, the claims administrator retrospectively denied TENS unit supplies apparently prescribed and/or dispensed on or around June 29, 2015. Norco, conversely, was approved. The applicant's attorney subsequently appealed. On June 29, 2015, the applicant reported ongoing complaints of neck and shoulder pain, 2 to 3/10 with medications versus 5 to 6/10 without medications. The applicant was working full time, the treating provider reported. The applicant was using Relafen, Colace, Tizanidine, and a TENS unit, it was acknowledged. TENS unit electrodes and leads were dispensed in the clinic, while Norco, Relafen, and Tizanidine were renewed and/or dispensed. The applicant was working full-time with permanent restrictions in place, the treating provider acknowledged. On July 22, 2015, the attending provider again posited that the applicant's ability to work full-time had been ameliorated as a result of ongoing medication consumption and TENS unit usage. The attending provider contended that the applicant's medications and TENS unit usage were attenuating her pain scores from 4/10 to 2/10. The applicant was working full-time, it was reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro TENS unit leads set of 4 dispensed on 6/29/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS 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: Yes, the request for four (4) TENS unit leads dispensed on June 29, 2015 was medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies beyond an initial one month trial should be predicated on evidence of a favorable outcome during the said one-month trial, with beneficial outcomes evident in terms of both pain relief and function. Here, the attending provider's reported appropriate analgesic effect as a result of ongoing TENS unit usage, coupled with the applicant's seemingly successful return to regular work, coupled with the applicant's successful return to full-time work, taken together, do constitute cause prima facie evidence of functional improvement as defined in MTUS 9792.20e with ongoing usage of the TENS unit. Therefore, the request for provision of associated electrodes was medically necessary.