MAXIMUS Federal Services

Case Number:	CM15-0147542		
Date Assigned:	08/10/2015	Date of Injury:	09/09/2014
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/29/2015

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 [redacted] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of September 9, 2014. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for a TENS unit. Six sessions of acupuncture, however, were approved. The claims administrator referenced an RFA received on July 6, 2015 and an associated progress note of June 18, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated July 1, 2015, a TENS unit for home use was dispensed while acupuncture was ordered. Preprinted order forms dated July 1, 2015 were invoked to support both the TENS unit and acupuncture. The treating provider seemingly stated that the TENS unit was being dispensed on the date in question for ongoing issues with chronic low back pain. Little-to-narrative commentary accompanied the request. It was not clearly stated whether the applicant had used the device in question on a one-month trial basis prior to this one. In a medical-legal evaluation dated May 12, 2015, it was stated that the applicant was not working and had been deemed a qualified injured worker. It was stated that the applicant had been off of work for some time. On June 18, 2015, the applicant reported ongoing complaints of low back and shoulder pain, 6/10. The applicant was given prescriptions for Relafen and cyclobenzaprine. At the bottom of the report, TENS therapy was discussed, although it was not clearly stated whether the applicant had previously been given a TENS unit in the past or whether the treating provider was suggesting that the applicant use a TENS unit in future.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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] is 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 purchase basis should be predicated on evidence of favorable outcome during an earlier one-month home-based trial of the same. Here, however, the TENS unit in question was seemingly dispensed on July 1, 2015 without any clear or compelling evidence that the applicant had in fact undergone previously successful one-month trial of the device in question. Little-to-no narrative commentary accompanied the request for authorization. Therefore, the request is not medically necessary.