

Case Number:	CM15-0161322		
Date Assigned:	08/27/2015	Date of Injury:	10/07/2013
Decision Date:	10/02/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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], [REDACTED] beneficiary who has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial injury of October 7, 2013. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for 4 TENS unit patches. The claims administrator referenced an April 15, 2015 progress note and associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported 7/10 hand, wrist, neck, and shoulder pain complaints. The applicant was using a TENS unit and a heating pad, it was reported. The applicant was also using Naprosyn, Prilosec, LidoPro, and gabapentin, all of which were renewed and continued. The applicant was also asked to continue manipulative therapy and acupuncture. The applicant's work status was not detailed. On July 9, 2015, the applicant's psychiatrist acknowledged that the applicant was not working. Lexapro and Neurontin were both endorsed. In an applicant questionnaire dated November 6, 2014, the applicant himself acknowledged that he had been terminated by his former employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patches x4: Upheld

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

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 four (4) TENS unit patches was not medically necessary, medically appropriate, or indicated here. As noted in page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis and, by extension, provision of associated supplies such as the patches in question should be predicated in evidence of favorable outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, however, the applicant had failed to return to work, it was acknowledged on July 9, 2015. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Naprosyn, topical LidoPro, Neurontin, etc., as well as other forms of medical treatments to include manipulative therapy, acupuncture, and a Thera Cane massager. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the TENS unit. Therefore, the request for provision of an associated four (4) TENS unit patches was not medically necessary.