

Case Number:	CM15-0181547		
Date Assigned:	09/22/2015	Date of Injury:	03/06/2013
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/15/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 6, 2013. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for a TENS unit, apparently prescribed and/or dispensed on or around July 19, 2014. The claims administrator referenced a progress note of July 19, 2014 in its determination. The claims administrator stated that it was unclear whether the request represented a rental request or a purchase request. The applicant's attorney subsequently appealed. On August 27, 2015, it was acknowledged that the applicant remained off of work, on total temporary disability, owing to 8/10 low back and left lower extremity pain complaints. The applicant's medication list included LidoPro, Prilosec, Neurontin, Norco, and Lexapro. The applicant was given refills of what was described as the previously dispensed TENS device. The applicant was ultimately placed off of work, on total temporary disability. On June 16, 2015, TENS unit supplies, Neurontin, Lexapro, Flexeril and topical LidoPro were endorsed while the applicant was placed off of work, on total temporary disability. On March 20, 2015, TENS unit electrodes, Norco, Neurontin, Flexeril, LidoPro and Lexapro were endorsed while the applicant was again placed off of work, on total temporary disability, owing to 8/10 low back pain complaints. The applicant was using a cane to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (Rx 7/19/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for a TENS unit [purchase] was not medically necessary, medically appropriate, or indicated here. The request in question appeared to represent a retrospective request for a TENS unit previously dispensed on or around July 19, 2014. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, with beneficial effects evident in terms of both "pain relief and function." Here, however, the applicant remained off of work, on total temporary disability, despite provision with a TENS device, it was acknowledged on August 27, 2015. Severe, 8/10 low back pain and left lower extremity pain complaints were evident on that date. The applicant remained dependent on a variety of oral pharmaceuticals to include Norco, Neurontin, LidoPro, etc., it was acknowledged on that date. The applicant was having difficulty walking and was using a cane to move about. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.