

Case Number:	CM15-0197603		
Date Assigned:	10/13/2015	Date of Injury:	04/27/2015
Decision Date:	11/30/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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 33-year-old who has filed a claim for chronic ankle and foot pain reportedly associated with an industrial injury of April 27, 2015. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for a TENS unit. The claims administrator referenced a September 10, 2015 progress note and an associated September 21, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On September 15, 2015, the applicant was placed off of work, on total temporary disability. The attending provider contended that the applicant's TENS unit was alleviating the applicant's symptoms and apparently endorsed continued usage of the same. 7/10 pain complaints were reported while the applicant was kept off of work. The attending provider also stated that he would fill out the applicant's disability form. On September 10, 2015, the applicant reported 7-1/2/10 left lower extremity pain complaints. A TENS unit was apparently prescribed and dispensed while the applicant was placed off of work, on total temporary disability. The attending provider suggested a functional restoration program.

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 Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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. 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 favorable outcome during an earlier one-month trial of the same, with beneficial outcomes present in terms of "pain relief and function." Here, however, it appeared the attending provider dispensed the TENS unit at issue on September 10, 2015, without having the applicant first to undergo one-month trial of the same. It did not appear, moreover, that subsequent usage of TENS unit proved particularly beneficial. The applicant remained off of work, on total temporary disability, it was reported on a subsequent note dated September 15, 2015, i.e., after the TENS unit in question was dispensed. It did not appear that ongoing usage of TENS unit had generated functional improvement in terms of parameters established in MTUS 9792.02e. Therefore, the request was not medically necessary.