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| Case Number: | CM15-0203284 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 05/06/2011 |
| Decision Date: | 12/04/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/15/2015 |

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 neck and low back pain reportedly associated with an industrial injury of May 6, 2011. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve a request for a TENS unit. A September 17, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain. The attending provider contended that the applicant had employed a TENS unit while attending physical therapy. A TENS unit was therefore endorsed on a purchase basis while a topical-compounded medication was sought. The applicant's work status was not clearly reported.

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 the evidence of favorable outcome during an earlier one-month trial of the same, with beneficial outcomes present in terms of both pain relief and function. Here, however, the attending provider acknowledged on September 17, 2015 office visit that the applicant had not, in fact, undergone the pre-requisite one-month TENS unit trial. The attending provider seemingly stated that he was endorsing the device on a purchase basis on the grounds that the applicant had used the same in physical therapy with reported benefit. The request for provision of the TENS-unit device in question on a purchase basis, thus, was at odds with page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.