

Case Number:	CM15-0209657		
Date Assigned:	10/28/2015	Date of Injury:	07/30/2012
Decision Date:	12/14/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/26/2015

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 forearm pain and alleged complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of July 30, 2012. In a Utilization Review report dated October 7, 2015, the claims administrator retrospectively denied a TENS unit rental between the dates June 5, 2015 and July 4, 2015. The claims administrator contended that it had previously approved a TENS unit rental for 30 days, beginning on May 5, 2015, and that the attending provider had failed to furnish evidence of substantive improvement in function with the same. The applicant's attorney subsequently appealed. On May 5, 2015, the applicant reported ongoing issues with upper extremity pain, 9/10, reportedly attributed to complex regional pain syndrome. The applicant was using Flexeril and Percocet for pain relief. A TENS unit 30-day trial was sought. The attending provider contended that the TENS unit was effective in terms of diminishing the applicant's pain complaints and improving tolerance to unspecified activities. The note was highly templated. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place, although this did not appear to the case. On July 10, 2015, the applicant was asked to pursue radial nerve decompression procedure. On June 10, 2015, the applicant reported 8/10 forearm pain. The applicant was using Cymbalta, Motrin, and Flexeril, it was reported. A topical gabapentin-containing compound was also endorsed. The applicant was not working and had not worked for several months, the treating provider reported. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS 6/5/15-7/4/15): TENS Unit x 1 month rental: 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 one-month rental was not medically necessary, medically appropriate, or indicated here. The request in question came on the heel of a prior one-month rental of the TENS unit. The applicant, thus, had already used the TENS unit in question for a month before the request for another one-month rental for the same was initiated. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that provision of a TENS unit beyond that initial one-month trial, however, should be predicated on evidence of a favorable outcome during said one-month trial, with beneficial outcomes present in terms of both pain relief and function. Here, however, the applicant remained off of work, on total temporary disability, despite previous usage of the TENS unit in question. The applicant remained dependent on a variety of analgesic and adjuvant medications to include topical gabapentin, Cymbalta, Motrin, Flexeril, etc. Pain complaints as high as 8/10 were reported, despite ongoing usage of the TENS unit. The applicant ultimately chose to pursue a radial nerve decompression procedure, seemingly on the grounds that previous conservative modalities, including usage of the TENS unit, had in fact proven unsuccessful in terms of the functional parameters established in MTUS 9792.20e. Therefore, the request for an additional one-month rental of the same was not medically necessary.