

Case Number:	CM15-0029078		
Date Assigned:	02/23/2015	Date of Injury:	07/12/2011
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 12, 2011. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve request for TENS patches apparently prescribed and/or dispensed on or around January 17, 2015. In an RFA form dated January 7, 2015, TENS unit patches and omeprazole were endorsed. In an associated progress note of the same date, January 17, 2015, the applicant was asked to continue previously imposed limitations. Persistent complaints of neck, shoulder, and low back pain were reported, 6/10. The attending provider stated that the applicant as using Depakote for epileptiform activity. The attending provider stated that ongoing usage of TENS unit had been beneficial. The attending provider stated that the applicant was not using any pain medications. The attending provider stated that the applicant was using a TENS unit and topical applications of heat and cold owing to possible concerns over interaction between with analgesic medications and Depakote. The applicant did not appear to be working with previously imposed work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Patch #2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 116 of 127.

Decision rationale: Yes, the proposed TENS unit patches were medically necessary, medically appropriate, and indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial of the same, should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the attending provider has contended that ongoing usage of TENS unit has attenuated the applicant's pain complaints. The attending provider has stated that applicant was using a TENS unit on a daily basis. The attending provider, finally, stated that the applicant was not using any other analgesic medications, suggesting that either (a) usage of the TENS unit has been successful or that (b) that the applicant is unable and unwilling to use analgesic medications over the concerns or possible interaction with anticonvulsant medications. Therefore, the request for provision of associated TENS unit supplies in the form of the patches at issue was indicated. Accordingly, the request was medically necessary.