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| Case Number: | CM15-0029358 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 06/01/2012 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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 37-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 1, 2012. In a Utilization Review Report dated January 20, 2015, the claims administrator denied a request for a TENS unit. The claims administrator referenced a February 5, 2015 report in its determination. The claims administrator contended that the applicant had previously been given a TENS unit on a trial basis on or around October 15, 2014 and had reportedly failed to profit from the same. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant reported persistent complaints of low back pain, severe, radiating to the left leg. The applicant had superimposed issues with morbid obesity and hypertension, it was incidentally noted. The applicant's medication list included Norco, Soma, Motrin, and Prilosec. The applicant was given refills of Motrin, Norco, Nucynta, and Soma at the bottom of the report. The applicant was placed off of work, on total temporary disability. The attending provider nevertheless contended that the applicant's TENS unit trial had been successful, despite his remaining off of work, on total temporary disability, and suggested obtaining the same on a purchase basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tens Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for a TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, the applicant was/is off of work, on total temporary disability. The applicant's pain complaints were described as severe on January 20, 2015. The applicant continues to remain dependent on a variety of opioid and nonopioid medications, including Norco, Nucynta, Soma, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the TENS unit. Therefore, the request was not medically necessary.