

Case Number:	CM15-0031447		
Date Assigned:	02/24/2015	Date of Injury:	08/08/2014
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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 47-year-old [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 8, 2014. In a Utilization Review Report dated January 27, 2015, the claims administrator retrospectively denied a TENS unit apparently dispensed on or around November 28, 2014. A progress note of November 18, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant was asked to pursue Celebrex. Six additional sessions of aquatic therapy were endorsed. The applicant's medications included Celebrex, Flexeril, Mobic, naproxen, and tramadol. The applicant was given a 15-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place. The applicant's response to TENS unit was not detailed. The TENS unit was apparently dispensed via an RFA form, handwritten, difficult to follow, somewhat blurred as a result of repetitive photocopying, seemingly dated either December 20, 2014 or November 20, 2014. No clinical progress notes were attached. In a progress note of November 18, 2014, the applicant reported ongoing complaints of low back pain. Lumbar MRI imaging was endorsed. The applicant was off of work, on total temporary disability, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective purchase of TENS unit (DOS 11/28/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308; 300.

Decision rationale: No, the TENS unit apparently dispensed in November 2014 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, TENS units, the article at issue, are deemed 'not recommended'. While ACOEM qualifies its unfavorable position by noting in Chapter 12, page 300 that TENS units may have some value in the short term if employed in conjunction with a program of functional restoration, in this case, however, the attending provider failed to recount or describe the applicant's response to the TENS unit on multiple office visits, referenced above. It did not appear that the applicant had returned to work despite introduction of the TENS unit. It did not appear, in short, that the TENS unit was employed to facilitate functional restoration. Therefore, the request was not medically necessary.