

Case Number:	CM15-0035168		
Date Assigned:	03/05/2015	Date of Injury:	03/31/2013
Decision Date:	04/13/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/24/2015

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 52-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 31, 2013. In a Utilization Review Report dated January 30, 2015, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced an RFA form and a progress note of December 9, 2014 in the determination. The claims administrator contended that the applicant had failed to profit through previous usage of the device. The applicant's attorney subsequently appealed. On August 12, 2014, the applicant reported ongoing complaints of neck pain, low back pain, and alleged radiculitis. A 30-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place. The applicant had been terminated by his former employer, it was incidentally noted. The applicant was using a variety of topical compounds. Extracorporeal shockwave therapy was endorsed. On December 9, 2014, the applicant was asked to follow up with a pain management physician, an orthopedist, and an ophthalmologist. Complaints of radiculitis, low back pain, eye irritation, and depression were evident. Topical compounds were renewed. The applicant was asked to continue acupuncture, Naprosyn, Ultracet, Protonix, Flexeril, and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115; 116.

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 purchase was not medically necessary, medically appropriate, or indicated here. The applicant had apparently received and/or employed the device on a trial basis, the claims administrator contended. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, however, notes that usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the 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, despite previous usage of the TENS unit. The applicant remained dependent on other forms of medical treatment and/or medications, including topical compounds, anxiolytic medications such as Xanax, opioid agents such as Ultracet, etc., despite ongoing usage of the TENS unit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of the device at issue. Therefore, the request was not medically necessary.