

Case Number:	CM15-0039634		
Date Assigned:	03/10/2015	Date of Injury:	10/01/2011
Decision Date:	04/17/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/03/2015

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 43-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 1, 2011. In a Utilization Review Report dated February 18, 2015, the claims administrator denied a request for a one-month trial of the TENS unit. The claims administrator contended that analgesic medications had proven successful and went on to deny the request. The claims administrator referenced an RFA form of February 11, 2015 in its determination. The applicant's attorney subsequently appealed. On September 15, 2014, the applicant reported persistent complaints of low back pain status post earlier lumbar discectomy surgery. Epidural steroid injection therapy, an interferential stimulator, acupuncture, and psychological counseling were proposed. The applicant was on tramadol, Neurontin, Norco, lovastatin, and gemfibrozil, it was stated. On December 11, 2014, it was suggested that the applicant reported 0-1/10 pain with medications, which included Neurontin, Norco, and tramadol. The applicant was employed as a personal banker at [REDACTED], it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tens four lead: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19, 78, 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 11.

Decision rationale: No, the request for a TENS unit-four lead-was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a two-lead TENS unit is generally recommended. A prescription for four-lead unit should be accompanied by associated documentation establishing medical necessity, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note. Here, no clear or compelling rationale for provision of a four-lead TENS unit in favor of a conventional two-week TENS unit was furnished by the attending provider. It is further noted that page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that a TENS unit be employed on a one-month trial basis in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, however, the treating provider has seemingly suggested that analgesic medications, including Neurontin, tramadol, Norco, etc., are in fact generating appropriate improvement. The applicant reported 0-1/10 pain with his current medication regimen, it was suggested above, and has, furthermore, returned to regular duty work with the same. Introduction of a four-lead TENS unit, thus, was not indicated on or around the date in question. Therefore, the request was not medically necessary.