

Case Number:	CM15-0052059		
Date Assigned:	03/25/2015	Date of Injury:	10/05/2008
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/19/2015

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 44-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 5, 2008. In a Utilization Review Report dated March 10, 2015, the claims administrator failed to approve requests for TENS unit supplies to include electrodes and batteries. The claims administrator referenced an RFA form of February 17, 2015 in its determination. The applicant's attorney subsequently appealed. On January 14, 2015, the applicant was described as having medically retired from his former position. It was then stated that the applicant was taking a new position working in surveillance with a different employer. Ongoing complaints of neck pain, 8/10 were reported. The applicant was asked to pursue physical therapy. Permanent work restrictions were seemingly renewed. On February 17, 2015, TENS unit supplies were proposed via an RFA form. The applicant was described as having ongoing complaints of 8/10 neck pain. On May 12, 2015, the applicant was asked to employ Ultracet for pain relief. Work restrictions and TENS unit supplies were proposed. The applicant was also using Flector patches. The applicant had undergone earlier cervical fusion surgeries. The applicant stated that the TENS unit was generating diminution in pain scores, was facilitating his ability to work, and was diminishing his consumption of oral pharmaceuticals.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Electrodes, 8 pairs per month x # months Qty: 12.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

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

Decision rationale: Yes, the request for TENS unit electrodes was 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 should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant has posited that ongoing usage of the TENS unit has attenuated his pain complaints and has facilitated his ability to return to work, albeit in a different role. The applicant, thus, by all accounts, does appear to be deriving appropriate analgesia from ongoing usage of the device and has demonstrated evidence of functional improvement as defined in MTUS 9792.20f by returning to and/or maintaining successful return to work status following introduction of the TENS unit. Provision of associated supplies in the form of the electrodes in question was, thus, indicated. Therefore, the request was medically necessary.

AAA Batteries 6 per months x # months Qty: 12.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

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

Decision rationale: Similarly, the request for AAA batteries is likewise 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 beyond an initial one-month trial and, by analogy, provision of associated supplies should be predicated on a favorable outcome during said one-month trial, in terms of both pain relief and function. Here, the applicant has returned to work, the treating provider has maintained. Ongoing usage of the TENS unit has attenuated the applicant's consumption of oral pharmaceuticals, the treating provider has further stated. Provision of associated supplies to include the batteries in question was, thus, indicated. Therefore, the request was medically necessary.