MAXIMUS Federal Services

Case Number:	CM13-0054094		
Date Assigned:	06/13/2014	Date of Injury:	05/04/2009
Decision Date:	08/11/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [redacted] employee who has filed a claim for neck pain, mid back pain, low back pain, scalp laceration, and ocular trauma reportedly associated with an industrial explosion injury of May 4, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; initial suturing of the laceration; apparent development with corneal scar; consultation with an ophthalmologist, topical agents for traumatic glaucoma; and extensive periods of time off of work.In a Utilization Review Report dated June 27, 2014, the claims administrator apparently denied a request for a 30-day rental of a TENS unit. The applicant's attorney subsequently appealed. The request is apparently made on September 9, 2013. In a progress note of the same date, the applicant was described as having persistent complaints of neck pain and headaches, 3-8/10. The applicant had corneal scarring and new lateral blindness about the left eye following the explosion. The applicant was depressed and exhibited a flat affect. The applicant was represented, it was further noted. A TENS unit was sought to try and help the applicant with pain control purposes. A psychiatry consultation was also endorsed. Motrin and topical Ultracin cream were also sought. The applicant's work status was not provided on this occasion, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT CERVICAL SPINE, RENTAL FOR 30 DAYS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, TENS units are indicated in the treatment of chronic intractable pain of greater than three months' duration in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. In this case, the applicant's chronic neck pain and headaches have seemingly proven recalcitrant to analgesic medications, topical agents, and physical therapy. A 30-day trial of a TENS unit is therefore indicated to try and combat the applicant's pain complaints. Therefore, the request is medically necessary.