

Case Number:	CM14-0149786		
Date Assigned:	09/18/2014	Date of Injury:	02/15/2012
Decision Date:	11/10/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; unspecified amounts of psychotherapy; psychotropic medications; unspecified amounts of physical therapy; an earlier TENS unit rental; and extensive periods of time off of work. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for a TENS unit. The applicant's attorney subsequently appealed. In a September 19, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Motrin, tramadol, and tizanidine, it was acknowledged. The applicant had a variety of multifocal pain complaints, including neck pain, knee pain, myofascial pain syndrome, elbow pain, low back pain, and rib pain. Permanent work restrictions were renewed, which the applicant's employer was apparently unable to accommodate. Multiple medications were renewed. The attending provider posited that earlier usage of the TENS unit had proven favorable via an earlier rental device beginning on June 27, 2014. It was acknowledged that the applicant had not worked since the date of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Permanent Home Tens Unit for the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of and/or purchase of a TENS unit beyond an initial one-month trial period should be predicated on evidence of favorable outcome during said one-month trial, in terms of both "pain relief and function." In this case, however, the applicant is off of work, on total temporary disability. Ongoing usage of the TENS unit has failed to curtail the applicant's dependence on various and sundry analgesic medications, including Ultram, Motrin, tizanidine, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier usage of the TENS unit. Therefore, the request is not medically necessary.