

Case Number:	CM14-0163778		
Date Assigned:	10/08/2014	Date of Injury:	09/17/2009
Decision Date:	11/13/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 low back pain reportedly associated with an industrial injury of November 4, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; unspecified amounts of physical therapy; and a TENS unit. In a September 26, 2014 progress note, the claims administrator denied a request for TENS unit electrodes. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant reported persistent complaints of low back pain, 8/10. The applicant was reportedly using Butrans and Nexium. A spine surgery consultation to determine whether the applicant was a candidate for a revision lumbar spine surgery was sought. On July 17, 2014, the applicant again reported 8/10 low back pain, exacerbated by activities such as standing, walking, bending, twisting, and stooping. The applicant was again asked to consult a spine surgeon to determine whether or not further spine surgery could be employed. On June 12, 2014, the applicant was again asked to continue Butrans and Nexium. The applicant reported 10/10 low back pain, exacerbated by minimal activity, at this point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit electrodes: 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 Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or associated supplies 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. In this case, however, the applicant continues to report pain complaints as high as 8-10/10, despite ongoing usage of a TENS unit. Ongoing usage of the TENS unit has failed to curtail the applicant's dependence on opioid agents such as Butrans. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the TENS unit. Therefore, the request for TENS unit electrodes is not medically necessary.