

Case Number:	CM14-0212304		
Date Assigned:	01/02/2015	Date of Injury:	03/24/2010
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain with associated headaches reportedly associated with an industrial injury of March 24, 2010. In a Utilization Review Report dated December 9, 2014, the claims administrator failed to approve a request for TENS unit, referencing a progress note dated October 22, 2014. The claims administrator interpreted the request as a request for a TENS unit purchase. The applicant's attorney subsequently appealed. On September 24, 2014, the applicant reported persistent complaints of neck, mid back, low back pain, reportedly 70% worsened since the previous visit. The applicant reported interrupted and fragmented sleep. The applicant was using a cane to move about. The applicant was status post epidural steroid injection therapy medial branch blocks, sacroiliac joint injections, 20% manipulative therapy, and three sessions of acupuncture. The applicant was using Norco, Topamax, Flexeril, Prilosec, and Ativan, it was acknowledged. Multiple medications were renewed. The applicant's work status was not clearly outlined. The attending provider suggested that the applicant be provided with a TENS unit on the ground that the applicant had previously used his sister's TENS unit. In an applicant questionnaire dated September 24, 2014, the applicant himself acknowledged that he was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit- Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

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

Decision rationale: 1. No, the proposed TENS unit [purchase] was not medically necessary, medically appropriate, or 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 should be predicated on evidence of a favorable outcome during said one-month trial, in terms of both relief and function. Here, the applicant was/is off of work, as he himself acknowledged in a September 24, 2014 questionnaire. Previous use of the applicant's sister's TENS unit did not attenuate or diminish the applicant's consumption of various analgesic and/or adjuvant medications, including Norco, Topamax, Naprosyn, Flexeril, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of the earlier informal TENS unit trial. Therefore, the request for TENS unit purchase was not medically necessary.