

Case Number:	CM15-0018398		
Date Assigned:	02/06/2015	Date of Injury:	12/06/2012
Decision Date:	03/31/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/30/2015

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, 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] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 6, 2012. In a Utilization Review Report dated December 31, 2014, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced a December 2, 2014 progress note in its determination. The TENS unit at issue was endorsed via an RFA form dated December 23, 2014. In an associated progress note dated December 2, 2014, the applicant presented with severe headaches, shoulder pain, neck pain, elbow pain, arm pain, back pain, and hip pain, exacerbated by sitting, standing, walking, kneeling, bending, and squatting. The applicant was still using Flexeril, Lidoderm, and Norco for pain relief. The applicant was placed off of work, on total temporary disability, for five weeks, while Norco, Flexeril, and Motrin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS: Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.

Decision rationale: The Expert Reviewer's 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, a TENS unit should only be purchased following completion of a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. Here, however, the attending provider seemingly sought authorization for the TENS unit on December 23, 2014 without the applicant's having previously received a successful one-month trial of the same. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.