MAXIMUS Federal Services

Case Number:	CM15-0112220		
Date Assigned:	06/18/2015	Date of Injury:	05/31/2011
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/10/2015

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, New York, 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 neck pain reportedly associated with an industrial injury of May 31, 2011. In a Utilization Review report dated June 1, 2015, the claims administrator denied or failed to approve a request for a TENS unit. A May 23, 2015 RFA form and an associated progress note of May 13, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a June 24, 2015 progress note, the applicant reported ongoing complaints of neck pain status post earlier failed cervical fusion surgery. Valium, tramadol, and Naprosyn were endorsed. The applicant was not working, it was acknowledged, although the treating provider maintained that the applicant's present disability was a separate Workers' Compensation claim. The attending provider stated that the applicant's TENS unit was beneficial in terms of reducing her pain complaints but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS 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): 116.

Decision rationale: No, the request for a 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, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of favorable outcomes present in terms of both pain relief and function. Here, however, the applicant was off of work, it was acknowledged on June 24, 2015, despite prior usage of the TENS unit. Previous usage of the TENS unit failed to curtail the applicant's dependence on a variety of analgesic and adjuvant medications to include tramadol, Naprosyn, and Valium. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite previous usage of the TENS unit. Therefore, the request for provision of the same on a purchase basis was not medically necessary.