

Case Number:	CM15-0112323		
Date Assigned:	06/18/2015	Date of Injury:	06/06/2005
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
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 51-year-old who has filed a claim for chronic neck, shoulder, back, elbow, and wrist pain reportedly associated with an industrial injury of June 6, 2005. In a Utilization Review report dated May 13, 2015, the claims administrator denied a request for TENS unit. The claims administrator referenced an April 14, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant reported multifocal complaints of neck, wrist, low back, and shoulder pain, highly variable, 5 to 7/10. The applicant was using Naprosyn, Protonix, and Norco twice daily, it was reported. A lumbar support was endorsed. The applicant's permanent work restrictions were renewed. There was no mention that the applicant was using a TENS unit on this date. On April 14, 2015, a replacement TENS unit was sought on the grounds that the applicant's previously furnished TENS unit was malfunctioning. The attending provider stated that the TENS unit benefit was noted reducing the applicant's pain scores. The attending provider acknowledged that the applicant was still using Norco twice daily. The attending provider reiterated a request for lumbar support. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

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 [replacement] TENS unit 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 favorable outcome during an earlier one-month trial of the same, with beneficial outcomes evident in terms of both pain relief and function. The request in question was framed as a replacement request. The applicant had previously been given a TENS unit. The attending provider sought replacement device on the grounds that the applicant's previously furnished TENS unit had malfunctioned and/or stopped working. It did appear, however, that the applicant had responded favorably to previously provided TENS unit. The applicant did not appear to be working. Permanent work restrictions were renewed, unchanged, from visit to visit, despite previous usage of the TENS unit. Previous usage of TENS unit failed to diminish the applicant's consumption of opioids agent such as hydrocodone which the applicant is still using at a rate of twice daily. 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 was not medically necessary.