

Case Number:	CM15-0113333		
Date Assigned:	06/19/2015	Date of Injury:	11/22/2010
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/11/2015

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 49-year-old who has filed a claim for chronic low back, neck, and groin pain reportedly associated with an industrial injury of November 22, 2010. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced an April 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said April 27, 2015 progress note, the applicant reported ongoing complaints of low back pain, leg pain, and groin pain, severe and "catching." The applicant was asked to pursue physical therapy, a back support, a general surgery consultation to ameliorate his inguinal hernia, pain management referral, a lumbar MRI, and a TENS unit while remaining off of work, on total temporary disability. There was no mention of the applicant's having employed the TENS unit in question prior to this point. On March 15, 2015, the applicant was given prescriptions for Medrol and tramadol. Manipulative therapy was endorsed. 5-6/10 low back pain complaints were reported. In a March 15, 2015 progress note, Motrin, Flexeril, lumbar MRI imaging, pain management referral, a general surgery referral, back support, and physical therapy were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 2 lead (indefinite use): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

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 on a purchase basis should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with beneficial effect evident in terms of both pain relief and function. Here, however, it appeared that the attending provider ordered the TENS device in question without first having the applicant undergo a one-month trial of the same. The request, thus, as written, was at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.