

Case Number:	CM15-0115082		
Date Assigned:	06/23/2015	Date of Injury:	10/11/2006
Decision Date:	07/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/16/2015

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 56-year-old [REDACTED] employee who has filed a claim for chronic upper extremity pain reportedly associated with an industrial injury of October 11, 2006. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for TENS unit for the right upper extremity. An April 24, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On said May 4, 2015 RFA form, a TENS unit, Cymbalta, and Tylenol with Codeine were endorsed. The attending provider wrote on the handwritten RFA form that the applicant stated that the TENS unit was working. Little-to-no narrative commentary was attached. In a May 11, 2015 psychology note, the applicant reported multifocal complaints of forearm pain, neck pain, and shoulder pain. The applicant apparently had a pending hearing before the Workers' Compensation Appeals Board (WCAB), it was acknowledged. The applicant was apparently in the process of appealing previously denied psychotherapy, it was reported. The applicant's work status was not detailed. In an April 24, 2015 progress note, the applicant reported 4 to 7/10 pain complaints, exacerbated with gripping, grasping, washing dishes for more than 5 minutes, sleeping, and mopping. The applicant was on Cymbalta, it was reported. Prolotherapy and a paraffin device were sought. A TENS unit was endorsed on a trial basis. Solaraze gel, Tylenol No. 2, and Cymbalta were endorsed. Permanent work restrictions were renewed. The treating provider acknowledged that the applicant was not working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

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 favorable outcome during an earlier one-month trial of the same, with beneficial effects evident in terms of both pain relief and function. Here, however, the attending provider did not seem to attach any narrative commentary or progress notes to the May 14, 2015 RFA form. Ongoing usage of the TENS unit seemingly failed to curtail the applicant's dependence on opioids such as Tylenol No. 2 and/or non-opioid agents such as Cymbalta. Ongoing usage of the TENS unit did not apparently result in diminution of applicant's work restrictions and/or facilitate the applicant's return to work, based on the limited information provided. It did not appear, in short, that previous usage of the TENS unit in question had generated evidence of functional improvement in terms of the parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.