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| Case Number: | CM15-0116664 | | |
| Date Assigned: | 06/24/2015 | Date of Injury: | 10/14/2008 |
| Decision Date: | 07/24/2015 | UR Denial Date: | 05/12/2015 |
| 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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 14, 2008. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for a TENS unit. The claims administrator referenced an RFA form received on May 16, 2015 in its determination. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of low back and neck pain, collectively scored a 6/10. The applicant had undergone earlier failed lumbar spine surgery status post hardware removal. Norco, Neurontin, and a TENS unit were endorsed. The applicant's work status was not detailed. MRI imaging of the lumbar and cervical spines were proposed. A TENS unit and unspecified topical compounds were also endorsed. The request for a TENS unit was seemingly framed as a first-time request for the TENS unit as there was no clear evidence that the applicant had had a previous trial of the same. However, on a progress note dated February 6, 2015, a TENS unit, Advil, epidural steroid injection therapy, and trigger point injection therapy were endorsed. The applicant was asked to continue other unspecified medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, lumbar spine: 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] for the lumbar spine 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 beneficial effects evidenced in terms of both pain relief and function. Here, however, the April 20, 2015 progress note on which the TENS unit was proposed made no mention of whether the applicant had or had not previously employed the TENS unit on a trial basis or not. The presence of a successful one-month trial of the TENS unit in question was not, thus, established. Therefore, the request was not medically necessary.