

Case Number:	CM15-0118102		
Date Assigned:	06/26/2015	Date of Injury:	08/07/2014
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 7, 2014. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for a TENS unit with associated supplies. The claims administrator referenced an RFA form of May 1, 2015 and associated progress note of February 27, 2015 in its determination. The applicant's attorney subsequently appealed. In an order form dated May 1, 2015, the attending provider did seek authorization for the GSM-HD Combo TENS device, largely through usage of preprinted checkboxes, without much in the way of associated narrative commentary. On February 27, 2015, the attending provider noted that the applicant had ongoing complaints of low back pain. The applicant exhibited a visibly antalgic gait. The applicant was using physical therapy and manipulative therapy. A TENS unit, Tizanidine, and naproxen were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of GSM HD combo TENS with HAN programs: 4 lead and monthly supplies (electrodes, eight pairs per month; AAA batteries, six per month), for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Section.

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 predicate on evidence of a favorable outcome during an earlier one-month trial, with evidence of favorable outcome present in terms of both pain relief and function. Here, however, no clinical progress notes were attached to the May 1, 2015 RFA form. The applicant's work status, functional status, and medication consumption were not clearly detailed as of that date. The presence or absence of functional improvement in terms of parameters established in MTUS Definitions was not clearly established following earlier usage of the TENS unit in question on a trial basis. It was not clearly stated or clearly established that ongoing usage of the TENS unit had diminished the applicant's consumption of analgesic medications or diminished the applicant's work restrictions. Therefore, the request is not medically necessary.

Twelve months of TENS supplies (eight electrodes per month, six AAA batteries per month): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.