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| Case Number: | CM15-0119279 | | |
| Date Assigned: | 06/29/2015 | Date of Injury: | 11/24/2005 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 05/21/2015 |
| Priority: | Standard | Application Received: | 06/19/2015 |

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 Intercare Holding Insurance Services, Incorporated beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 24, 2005. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for a TENS unit purchase. The claims administrator referenced a progress note dated May 14, 2015 in its determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant reported ongoing complaints of low back pain with associated radiation of pain to the legs. The applicant reported 3-4/10 pain complaints. The applicant was on Cymbalta, Inderal, Neurontin, Norco, and Wellbutrin, it was reported. The note was very difficult to follow and mingled historical issues with current issues. Avinza, Cymbalta, Inderal, Neurontin, Norco, and Wellbutrin were endorsed. The applicant's disability was "unchanged," the treating provider reported, it was suggested that the applicant was not, in fact, working. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. On June 12, 2015, the attending provider again refilled Avinza, Cymbalta, Inderal, Norco, Neurontin, and Wellbutrin and again stated that the applicant's disability was unchanged. 5/10 pain complaints were reported at this point. On May 14, 2015, authorization was sought for a new TENS unit. A hip trochanteric bursa injection, Avinza, Cymbalta, Inderal, Neurontin, Norco, and Wellbutrin were also prescribed. The applicant's disability status was unchanged, the treating provider reported, suggesting that the applicant was not working. The applicant had apparently enrolled in a functional restoration program at an earlier point in time, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

New 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 a new TENS unit was not medically necessary, medically appropriate, or indicated here. The request seemingly represented a request to replace a previously provided TENS unit, it was suggested (but not clearly stated) on a progress note of May 14, 2015. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines notes that provision of a TENS unit beyond an initial one-month trial and, by implication, provision of a TENS unit on a replacement basis should be predicated on evidence of a favorable outcome during an earlier trial of the same, with beneficial effects evident in terms of both pain relief and function. Here, however, the applicant was off of work, it was acknowledged on multiple progress notes of mid-2015, referenced above, including on May 14, 2015, July 8, 2015, and June 12, 2015. Ongoing usage of TENS unit failed to curtail the applicant's dependence on opioid agents such as Norco and Avinza. It did not appear, in short, that usage of the previously provided TENS unit had effected lasted improvements in pain and/or function in terms of the functional improvement parameters established in MTUS 9792.20e. Therefore, the request for replacement TENS unit was not medically necessary.