

Case Number:	CM15-0122739		
Date Assigned:	07/07/2015	Date of Injury:	10/10/2001
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 10, 2001. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve requests for TENS unit electrodes and pads. The claims administrator referenced a progress note of May 28, 2015 and an associated RFA form of June 2, 2015 in its determination. The applicant's attorney subsequently appealed. On December 9, 2014, the applicant reported ongoing complaints of low back pain reportedly attributed to spinal stenosis. Norco was renewed while the applicant was placed off of work, on total temporary disability. There was no mention of the applicant's using the TENS unit at this point in time and/or whether or not said TENS unit had proven beneficial. The claims administrator's medical evidence log suggested that the December 9, 2014 progress note was, in fact, the most recent clinical note on file, although drug testing dated May 28, 2015 was apparently referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

American Imex TENS Unit Electrode Replacement 1 Set Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS 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 electrode replacement set is 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 and, by implication, provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, with evidence of beneficial effects evident in terms of both pain relief and function. Here, however, little-to-no information was on file. The 2015 progress notes seemingly made available to the claims administrator were not incorporated into the IMR packet. The historical information on file, namely the December 9, 2014 progress note, suggested that the applicant remained dependent on opioid agents such as Norco and remained off of work, on total temporary disability, as of that point in time. It did not appear, thus, that the previously provided TENS unit had generated evidence of functional improvement as defined in MTUS 9792.20e. Therefore, the request for provision of associated TENS unit electrodes is likewise not medically necessary.

TENS Electrode Pads #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS 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: Similarly, the request for TENS unit pads is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and, by implication, provision of associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during said one-month trial, with beneficial effects evident in terms of both pain relief and function. Here, little-to-no information accompanied the request. The 2015 progress notes made available to the claims administrator were not incorporated into the IMR packet. The historical note on file, namely the December 9, 2014 progress note, suggested that the applicant was off of work, on total temporary disability, and remained dependent on opioid agents such as Norco. It did not appear, thus, that the previously provided TENS unit had generated significant functional improvement in terms of the parameters established in MTUS 9792.20e. Therefore, the request for provision of associated supplies in the form of the electrode pads in question is not medically necessary.