

Case Number:	CM15-0127661		
Date Assigned:	07/14/2015	Date of Injury:	12/06/2001
Decision Date:	08/11/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/01/2015

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 [REDACTED] employee who has filed a claim for chronic neck, shoulder, and bilateral upper extremity pain reportedly associated with an industrial injury of December 6, 2001. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for three-month worth of TENS unit supplies. The claims administrator referenced an RFA form dated May 15, 2015 and an associated progress note of May 5, 2015 in its determination. The applicant's attorney subsequently appealed. On said May 5, 2015 progress note, the applicant reported multifocal complaints of neck, shoulder, and bilateral upper extremity pain with ancillary complaints of epigastric pain reported. The applicant also had unspecified psychological issues present. A three-month supply of TENS units were furnished while the applicant was placed off of work, on total temporary disability. The applicant's medication list was not, however, attached. The applicant was likewise placed off of work, on total temporary disability, via an earlier progress note dated March 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENs unit supplies x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48, 87-88, 91, Chronic Pain Treatment Guidelines Page(s): 1, 48, and 75.

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 three-month worth of TENS unit supplies is not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a purchase of a TENS unit, and, by implication, provision of associated supplies should be predicated on evidence of a favorable outcome during an earlier one-month trial of said TENS unit, with evidence of beneficial effects present in terms of both pain relief and function. Here, however, the applicant remained off of work, on total temporary disability, despite previous usage of the TENS unit, it was reported on progress notes dated May 5, 2015 and March 24, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the TENS unit. Therefore, the request for provision of associated TENS unit supplies x3 months is not medically necessary.