MAXIMUS Federal Services

Case Number:	CM15-0038009		
Date Assigned:	03/06/2015	Date of Injury:	09/15/2014
Decision Date:	04/15/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/28/2015

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] beneficiary who has filed a claim for low back, neck, and foot pain reportedly associated with an industrial injury of September 15, 2014.In a utilization review report dated February 16, 2015, the claims administrator failed to approve a request for a TENS unit for the foot. The claims administrator referenced an RFA form received on February 9, 2015 in its determination, along with a progress note of February 14, 2015. The request was apparently framed as a purchase of a TENS unit. The applicant's attorney subsequently appealed the TENS unit denial in a highly templated fashion. In an associated progress note dated February 6, 2015, the applicant was apparently returned to regular duty work. The attending provider suggested that the applicant should be accorded access to a TENS unit, manipulative therapy, physical therapy, and/or acupuncture. Large portions of the progress note were difficult to follow and mingled historical issues with current issues. The applicant did have multifocal complaints of neck pain, upper back pain, lower back pain, and foot pain present. The remainder of the file was surveyed. There was no evidence that the applicant had previously received a trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371,Chronic Pain Treatment Guidelines Transcutaneous Electrical Neurostimulation (TENS).

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

Decision rationale: 1. No, the request for a TENS unit (purchase) was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a request to purchase a TENS unit should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, however, there was no evidence that the applicant had received and/or employed the TENS unit on a trial basis before the request to purchase the same was initiated. Therefore, the request was not medically necessary.