

Case Number:	CM15-0066241		
Date Assigned:	04/14/2015	Date of Injury:	02/27/2013
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/07/2015

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 27-year-old who has filed a claim for chronic low back, shoulder, and neck pain reportedly associated with an industrial injury of February 27, 2013. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for a TENS unit. An RFA form received on March 2, 2015 and a progress note of February 24, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In an appeal letter dated February 25, 2015, the attending provider appealed previously denied Naprosyn, LidoPro, and omeprazole. Trigger point injections and a functional restoration program were also appealed. In a progress note dated February 24, 2015, the applicant was given four trigger point injections. The note was handwritten, difficult to follow, sparse, thinly developed, and not entirely legible. The applicant was given a rather proscriptive 6-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. A functional restoration program and a TENS unit were apparently endorsed while various prescriptions, including topical LidoPro, oral Voltaren, Neurontin, Flexeril, and omeprazole were renewed. It was not explicitly stated whether or not the applicant had or had not had a previous trial of the TENS unit in question. A February 4, 2015 progress note, however, made no mention of the applicant's using a TENS unit as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: No, the proposed 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 TENS unit should be purchased only following evidence of a favorable outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, however, the handwritten February 24, 2015 progress note on which the TENS unit in question was endorsed contained no references to the applicant's having previously used the TENS unit on a trial basis. Similarly, an earlier note of February 4, 2015 likewise contained no references to the applicant's previously using the TENS unit in question. It appeared, thus, that the attending provider had seemingly suggested that the applicant receive the device on a permanent basis without having the applicant first undergo one-month trial of the same, contrary to MTUS parameters. Therefore, the request was not medically necessary.