

Case Number:	CM15-0086940		
Date Assigned:	05/11/2015	Date of Injury:	09/16/2011
Decision Date:	12/31/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/06/2015

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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 16, 2011. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve a request for a TENS unit and associated patches apparently dispensed on April 17, 2015. An electrodiagnostic testing of April 15, 2015 was notable for an L5-S1 radiculopathy. On April 10, 2015 RFA form, a TENS unit and patches were apparently dispensed. On an associated April 10, 2015 office visit, the treating provider stated he was dispensing the TENS unit after asking the applicant to undergo an in-clinic trial of the same. On April 17, 2015, the applicant underwent an in-clinic trial of the said TENS unit. The said TENS unit with associated supplies following completion of said in-clinic trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective TENS unit and patches for the lumbar spine (DOS 04/17/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for a TENS unit and associated patches was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of the TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of beneficial outcome present in terms of both pain relief and function. Here, however, the attending provider seemingly dispensed the device in question on April 17, 2015, after having the applicant undergo an in-clinic trial of the same. The device in question, thus, was dispensed without having the applicant undergo the prerequisite, precursor one-month trial of the same. The attending provider, furthermore, seemingly based its decision to dispense the said TENS unit solely on the grounds that the applicant had derived pain relief from a one-time, in-clinic trial of the same. No attempt was made to ascertain the presence or absence of functional improvement as defined in MTUS 9792.20e during a one-month trial of the said TENS unit. Therefore, the request was not medically necessary.