

Case Number:	CM15-0093710		
Date Assigned:	05/20/2015	Date of Injury:	01/29/2013
Decision Date:	06/25/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/14/2015

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 chronic pain syndrome reportedly associated with an industrial injury of January 29, 2013. In a Utilization Review report dated April 14, 2015, the claims administrator failed to approve requests for a TENS unit and associated TENS unit replacement pads. A progress note of March 9, 2015 and associated RFA form of April 13, 2015 were referenced in the in the determination. The applicant's attorney subsequently appealed. On May 12, 2015, Percocet and Robaxin were renewed. In an April 30, 2015 progress note, the applicant reported 7/10 low back pain complaints. The applicant was continuing to work. The applicant stated that her medications were working well. The applicant was on topical Flector, Percocet, butalbital, Lunesta, Topamax, Xanax, and Synthroid, it was reported. The applicant was reportedly using Xanax for anxiolytic effect, it was suggested. The applicant was working as a registered nurse; it was stated toward the bottom of the report. The applicant was asked to continue a TENS unit trial. Replacement TENS unit pads were sought. The applicant was asked to employ a lumbar support. The attending provider also stated that the applicant's medications were ameliorating her ability to maintain full-time work status and walk at a heightened with ongoing medication consumption.

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. Decision based on Non-MTUS Citation BlueCross BlueShield: Tens, CMS, Tens, Aetna and Humana, VA TENS.

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 [purchase] was not medically necessary, medically appropriate, or indicated here. While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that TENS unit can be employed on a one-month trial basis in applicants with chronic intractable pain of greater than three months duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed, here, however, the April 30, 2015 progress note at issue stated that the applicant's medications were working well, seemingly obviating the need for the TENS unit in question. Therefore, the request was not medically necessary.

TENS unit replacement pad #8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation BlueCross BlueShield: Tens CMS, Tens Aetna and Humana, VA TENS.

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

Decision rationale: Since the primary request for a TENS unit was deemed not medically necessary, the derivative or companion request for associated TENS unit replacement pads was likewise not medically necessary.