MAXIMUS Federal Services

Case Number:	CM15-0096751		
Date Assigned:	05/27/2015	Date of Injury:	07/06/2012
Decision Date:	07/01/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/19/2015

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 62-year-old who has filed a claim for chronic low back, neck, and knee pain reportedly associated with an industrial injury of July 6, 2012. In a Utilization Review report dated May 7, 2015, the claims administrator retrospectively denied a request for TENS unit and associated supplies apparently prescribed and/or dispensed on or around April 22, 2015. The claims administrator referenced progress notes and RFA forms of January 6, 2015, February 6, 2015, and April 22, 2015, and April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On April 22, 2015, the applicant reported persistent neck, back, and knee pain. The applicant was using Norco for pain relief. Highly variable 4-7/10 pain complaints were noted. The attending provider maintained that usage of Norco allowed him to walk his dog and do basic household chores such as washing dishes and/or laundry. The applicant had apparently previously been given TENS unit, it was suggested. TENS unit leads and packages were endorsed. The applicant was given a refill of Norco. The applicant was not working and reportedly retired from [redacted] at age 62, it was suggested. It was not clearly stated how (or if) the TENS unit had or had not proven beneficial here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: TENS (Transcutaneous Electrical Nerve Stimulation) unit leads (in sets of 4), #3 (DOS: 4/22/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

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

Decision rationale: No, the TENS unit leads (AKA TENS unit supplies) were not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and, by implication, provision of associated supplies should be predicated on evidence of favorable outcome during an earlier one-month trial of the same, with evidence of favorable outcomes in terms of both "pain relief and function." Here, however, the applicant had previously received a TENS unit. It did not appear, however, that previous usage of TENS unit had generated significant benefit or functional improvement in terms of the parameters established in MTUS 9792.20e. The applicant had apparently failed to return to work at [redacted], either as a result of age (62) or as a result of the industrial injury. Ongoing usage of the TENS unit failed to curtail the applicant's dependence on Norco, which the applicant was apparently still using a rate of two tablets a day. All of the foregoing, taken together, suggested 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 in the form of TENS unit leads at issue was not medically necessary.