

Case Number:	CM14-0138783		
Date Assigned:	09/05/2014	Date of Injury:	03/03/1999
Decision Date:	10/09/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/26/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas, New York and California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 3, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and topical Lidoderm patches. In a Utilization Review Report dated July 29, 2014, the claims administrator denied a request for TENS unit supplies with associated lead wire on the grounds that the attending provider had reportedly failed to demonstrate evidence of a favorable response to prior usage of the TENS unit. The applicant's attorney subsequently appealed. The TENS unit supplies to include lead wires at issue was sought on a Request for Authorization Form dated May 29, 2014, at which point Lyrica and Lidoderm patches were also prescribed. In a progress note dated May 20, 2014, the applicant reported persistent complaints of low back pain radiating into the legs. The applicant stated that she was suffering. The applicant had issues with lumbar spondylolisthesis and spinal stenosis, reportedly severe. Lyrica was endorsed for radicular pain, along with topical Lidoderm patches. TENS unit supplies were also sought. The applicant was apparently being seen through Future Medical Care. It did not appear that the applicant was working. In a March 11, 2014 progress note, the attending provider stated that the applicant had previously been given a 67% permanent disability rating owing to multifocal pain complaints with derivative issues including psychological stress, sleep disturbance, and hypertension.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Supplies to Include Lead Wires: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic. 9792.20f. Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and/or provision of associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcome in terms of both pain relief and function during said one-month trial. In this case, however, earlier usage of the TENS unit has seemingly failed to effect any lasting benefit or functional improvement as defined in MTUS 9792.20f. The applicant does not appear to be working with permanent limitations in place. Permanent work restrictions were seemingly renewed, unchanged, from visit to visit, despite ongoing usage of the TENS unit. Ongoing usage of the TENS unit, furthermore, has failed to curtail the applicant's dependence on various forms of medical treatment, including pain medications such as Lyrica, Lidoderm, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite earlier usage of the TENS unit. Therefore, the request for provision of TENS unit supplies is not medically necessary.