

Case Number:	CM14-0140598		
Date Assigned:	09/10/2014	Date of Injury:	04/15/2011
Decision Date:	10/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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 Occupational Medicine and is licensed to practice in 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 April 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; and reported return to work. In a Utilization Review Report dated August 17, 2014, the claims administrator denied a request for a TENS unit. In its Utilization Review Report, the claims administrator, somewhat incongruously, did state that the applicant had benefitted from the earlier TENS unit trial. The applicant's attorney subsequently appealed. In a February 20, 2014 progress note, the applicant reported 7/10 low back pain radiating into the right leg. The applicant had received a 7% whole-person impairment rating through a medical-legal evaluator, it was stated. The applicant was given prescriptions for Norco and Motrin. A TENS unit trial and lumbar MRI were sought. It was stated that the applicant was working on a full-time basis in the [REDACTED]. In an August 1, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was, once again, returned to regular duty work. The applicant did have comorbidities, including reflux and peptic ulcer disease. Norco, Celebrex, and epidural steroid injection therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for purchase: Overturned

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

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or associated supplies beyond an initial one-month trial should be predicated on evidence of favorable outcomes in terms of both pain relief and function during said one-month trial. In this case, the applicant has reportedly returned to and achieved successful return to work status as a construction worker, it was stated on several occasions, referenced above. Ongoing usage of the TENS unit has proven beneficial in terms of pain relief, it was noted on several occasions. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.