MAXIMUS Federal Services

Case Number:	CM13-0005676		
Date Assigned:	07/02/2014	Date of Injury:	11/22/2009
Decision Date:	08/18/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/01/2013

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 44 year old female who sustained an injury to her low back on 11/22/09 while helping move and lift a patient. It was reported that the injured worker is significant for prior L4-5 lumbar surgery. A clinical note dated 04/29/13 reported that the injured worker continued to complain of chronic low back pain. Physical examination noted range of motion within normal limits; range of motion of the bilateral lower extremities within normal limits; straight leg raise negative bilaterally. Electrodiagnostic studies (EMG/NCV) of the bilateral lower extremities were reportedly unremarkable. Treatment to date has included NSAIDs, prescription medications, exercise, aquatic therapy, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION UNIT WITH HAN PROGRAMS(PURCHASE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): page(s) 114-16.

Decision rationale: The request for one transcutaneous electrical nerve stimulation unit with HAN programs (purchase) is not medically necessary. The previous request was denied on the basis that there was no evidence that appropriate pain modalities have been trialed and failed. Furthermore, there was no information on the results of a 1 month trial period of the TENS unit which should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) prior to purchase of a unit. The Chronic Pain Medical Treatment Guidelines states that while TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive. The published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several evidence based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given this, the request for one transcutaneous electrical nerve stimulation unit with HAN programs (purchase) is not indicated as medically necessary.

18 UNITS OF BATTERIES (6 UNITS PER MONTH FOR 3 MONTHS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-16.

Decision rationale: The request for 18 units of batteries (6 units per month for 3 months) is not medically necessary. Given that the concurrent request for one transcutaneous electrical nerve stimulation unit with HAN programs (purchase) was not recommended, the request for 18 units of batteries (6 units per month for 3 months) is by default, not indicated as medically necessary.

24 PAIRS OF ELECTRODES (8 PAIRS PER MONTH FOR 3 MONTHS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-16.

Decision rationale: The request for 24 pairs of electrodes (8 pairs per month for 3 months) is not medically necessary. Given that the concurrent request for one transcutaneous electrical nerve stimulation unit with HAN programs (purchase) was not recommended, the request for 24 pairs of electrodes (8 pairs per month for 3 months) is also not indicated as medically necessary.