MAXIMUS Federal Services

Case Number:	CM13-0017233		
Date Assigned:	07/02/2014	Date of Injury:	03/26/2009
Decision Date:	08/12/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

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 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 has filed a claim for chronic low back and bilateral knee pain reportedly associated with an industrial injury of March 26, 2009. Thus far, the applicant has been treated with the following: analgesic medications; multiple lumbar spine surgeries; epidural steroid injection therapy; unspecified amounts of physical therapy and chiropractic manipulative therapy; and left and right knee arthroscopies. In a Utilization Review (UR) report dated August 8, 2013, the claims administrator denied a request for an electrotherapy garment on the grounds that the applicant was not concurrently involved in an active rehabilitation program. The claims administrator did not incorporate cited MTUS Guidelines into its rationale, however. The applicant's attorney subsequently appealed. On December 28, 2012, the applicant was noted to be using Oxycodone, Duragesic, and Cymbalta. It was stated that the applicant's past medications were too numerous to list. The applicant was apparently limping visibly during the evaluation. A variety of medications, including Voltaren, Oxycodone, Cymbalta, and Duragesic were renewed. The applicant's work status was not clearly stated; however, the applicant did not appear to be working. On February 14, 2013, the applicant was asked to perform activities as tolerated. The applicant was apparently not entirely satisfied with the outcome of the earlier lumbar fusion surgery. In a May 6, 2013 medical-legal evaluation, the applicant was described as not working. Additionally, the applicant's wife had also been deemed disabled, it was noted. The applicant had a Global Assessment of Function (GAF) of 62, it was noted. The applicant was using a variety of psychotropic medications. In a later note of June 30, 2014, the applicant was again described as using Duragesic, Oxycodone, Meloxicam, Lexapro, and Flexeril. The applicant stated that, without his medications, he will be lying on the floor in pain. In this progress note, as was also true of prior notes, there was no mention of the applicant's usage of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

An electrotherapy garment: 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 Criteria for the Use of TENS 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 a favorable outcome during the said trial, in terms of both pain relief and function. In this case, however, the applicant does not appear to have had a successful one-month trial of the TENS unit before authorization was sought for the electrotherapy garment. It does not appear, in short, that the applicant successfully used the TENS unit in question on a trial basis before the attending provider requested the purchase the garment. Therefore, this request is not medically necessary.