

Case Number:	CM13-0019042		
Date Assigned:	10/11/2013	Date of Injury:	12/31/2004
Decision Date:	02/03/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 patient is a 47-year-old female who reported injury on 12/30/2004 ultimately resulting in a lumbar fusion. The patient's chronic pain was managed by medications. The patient underwent a trial of a TENS unit that was noted to be helpful. The most recent clinical examination findings included low back pain radiating into the bilateral lower extremities rated at 9/10 with medications and a 10/10 without medications. There was reduced lumbar range of motion secondary to pain and tenderness to palpation of the lumbar paraspinal musculature. It was also note that the patient had spinal vertebral tenderness in the lumbar and cervical spine. The patient's diagnoses included lumbar radiculopathy, status post cervical fusion, myalgia, fibromyalgia, depression and anxiety. The patient's treatment plan included a home exercise program and ongoing medication management in addition to a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Combo Care 4 unit - purchase for DOS 5/9/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114.

Decision rationale: The retrospective combo care 4 unit for purchase on 05/09/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does not provide any evidence of significant pain relief or increased functional activity as a result of a 30 day trial of the requested equipment. California Medical Treatment Utilization Schedule recommends the purchase of a TENS unit to be based on significant functional improvement and pain relief of a 30 day trial. It is also recommended that this treatment be used as an adjunct to treatment to active therapy. The clinical documentation submitted for review does provide evidence that the patient is participating in a home exercise program. However, it is also documented that the patient is functioning at a 9/10 pain level with medications. The clinical documentation submitted for review does not specifically address how the previous use of a TENS unit contributed to significant pain relief and functional benefit. As such, the requested combo care 4 unit for purchase date of service 05/09/2013 is not medically necessary or appropriate.

Retrospective electrodes for DOS 5/9/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Retrospective lead wires (duration and frequency unknown) for DOS 5/9/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary