

Case Number:	CM13-0025100		
Date Assigned:	10/11/2013	Date of Injury:	06/23/2010
Decision Date:	02/10/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 52 year old male who reported an injury on 06/23/2010. The mechanism of injury was reported that when the patient was trying to lift a heavy trashcan he felt a pain in his low back. The patient was diagnosed with thoracic sprain/strain and lumbar sprain/strain with right lower extremity radiculopathy. The progress noted dated 09/28/2011 stated the patient continued to complain of low back pain radiating to the right buttock. The patient's radicular complaints had improved. The patient was treated with pain medication, physical therapy aquatic therapy, acupuncture, home exercise, and electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request of 4 electrodes, pair: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: The clinical documentation does not meet the guideline recommendations. CA MTUS states that criteria for the use of TENS unit includes: chronic intractable pain; documentation of pain of at least three months duration; evidence and that other appropriate pain

modalities have been tried and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; that other ongoing pain treatment should also be documented during the trial period including medication usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. However, no recent objective clinical documentation was submitted showing continued functional deficits, other ongoing treatment modalities or pain relief as recommended by the guidelines. Also, no clinical was submitted to show the efficacy of the TENS unit to substantiate continued use. Given the lack of clinical documentation to support guideline criteria, the request is non-certified.

Retrospective request for 6 replacement batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: The clinical documentation does not meet the guideline recommendations. CA MTUS states that criteria for the use of TENS unit includes: chronic intractable pain; documentation of pain of at least three months duration; evidence and that other appropriate pain modalities have been tried and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; that other ongoing pain treatment should also be documented during the trial period including medication usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. However, no recent objective clinical documentation was submitted showing continued ongoing treatment modalities, i.e. physical therapy, current functional deficits, or pain relief as recommended by the guidelines. Also, no clinical was submitted to show the efficacy of the TENS unit to substantiate continued use. Given the lack of clinical documentation to support guideline criteria, the request is non-certified.

Retrospective request for 8 adhesive remover wipes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 117.

Decision rationale: The clinical documentation does not meet the guideline recommendations. CA MTUS states that criteria for the use of TENS unit includes: chronic intractable pain; documentation of pain of at least three months duration; evidence and that other appropriate pain modalities have been tried and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; that other ongoing pain treatment should also be documented during the trial period including medication usage; a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted a 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. However, no recent objective clinical documentation was submitted showing continued pain relief, functional deficits, or other ongoing treatment modalities as recommended by the guidelines. Also, no clinical was submitted to show the efficacy of the TENS unit to substantiate continued use. Given the lack of clinical documentation to support guideline criteria, the request is non-certified.