

Case Number:	CM13-0043469		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2010
Decision Date:	02/24/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 Illinois. He 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 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 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 55-year-old male who reported a work related injury on 09/22/2010, as the result of a fall. Subsequently, the patient presents for treatment of the following diagnoses, lumbar spine sprain/strain, stress, anxiety, and depression. The clinical note dated 01/03/2014 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with complaints of increased low back pain. Upon physical exam of the patient's lumbar spine, tenderness upon palpation of the paraspinals was noted. The patient has positive straight leg raise to the right lower extremity, decreased sensation about the right lower extremity in the L4-5 dermatome. The provider documents decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 electrodes, per pair: 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 Chronic Pain Medical Treatment Guidelines Page(s): 116.

Decision rationale: The Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's

reports of efficacy with utilization of a TENS unit. The clinical notes document the patient continues with significant lumbar spine pain complaints since status post a work related injury sustained in 09/2010. The provider documents the patient presents with increased back pain. The only clinical note submitted for review evidencing any reports of the patient's TENS use is dated from 05/02/2013 by [REDACTED] who documented the patient was supposed to continue a home exercise program, stretches, and TENS utilization. Given the lack of documentation evidencing the patient's reports of efficacy as noted by a decrease in rate of pain on a Visual Analog Scale and increase in objective functional improvements, the request for 8 electrodes, per pair is not medically necessary or appropriate.

12 replacement batteries: 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 Chronic Pain Medical Treatment Guidelines Page(s): 116.

Decision rationale: Chronic Pain Medical Treatment GuidelinThe Physician Reviewer's decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of a TENS unit. The clinical notes document the patient continues with significant lumbar spine pain complaints since status post a work related injury sustained in 09/2010. The provider documents the patient presents with increased back pain. The only clinical note submitted for review evidencing any reports of the patient's TENS use is dated from 05/02/2013 by [REDACTED] who documented the patient was supposed to continue a home exercise program, stretches, and TENS utilization. Given the lack of documentation evidencing the patient's reports of efficacy as noted by a decrease in rate of pain on a Visual Analog Scale and increase in objective functional improvements, the request for 12 replacement batteries is not medically necessary or appropriate.

16 adhesive remover wipe: 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 Chronic Pain Medical Treatment Guidelines Page(s): 116.

Decision rationale: The current request is not supported. The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with utilization of a TENS unit. The clinical notes document the patient continues with significant lumbar spine pain complaints since status post a work related injury sustained in 09/2010. The provider documents the patient presents with increased back pain. The only clinical note submitted for review evidencing any reports of the patient's TENS use is dated from 05/02/2013 by [REDACTED] who documented the patient was supposed to continue a home exercise program, stretches, and TENS utilization.

Given the lack of documentation evidencing the patient's reports of efficacy as noted by a decrease in rate of pain on a Visual Analog Scale and increase in objective functional improvements, the request for 16 adhesive remover wipes is not medically necessary or appropriate.