

Case Number:	CM13-0052144		
Date Assigned:	12/27/2013	Date of Injury:	02/27/1978
Decision Date:	04/03/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic pain syndrome, and chronic low back pain reportedly associated with an industrial injury of February 27, 1998. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; transcutaneous electrotherapy devices; a lumbar support; and the apparent imposition of permanent work restrictions. In a utilization review report of November 5, 2013, the claims administrator denied a request for transcutaneous electrotherapy devices and associated electrodes which were apparently dispensed on an office visit of October 1, 2013. The utilization review report was truncated; however, the denial appears to be predicating on the fact that the device in question represented a neuromuscular electrical stimulator device. An earlier note of August 1, 2013 is sparse, handwritten, difficult to follow, and not entirely legible. It is notable for comments that the patient reports persistent neck, low back, and hip pain. The patient is on Norco, Voltaren, Flexeril, and Prilosec. The patient was reportedly working with a 20-pound lifting limitation in place. An August 14, 2013 progress note is notable for comments that the patient is reporting derivative complaints of psychological stress and depression. On August 14, 2013, the attending provider sought authorization for cervical epidural steroid injection therapy and a lumbar support. On October 18, 2013, the patient consulted a neurologist for longstanding headaches and was given a prescription for Fiorinal. The progress note of October 1, 2013 in which the electrodes in question were dispensed was not incorporated in the packet of records which comprise the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight electrodes, per pair: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, any long-term usage of a transcutaneous electrotherapy device beyond one month should be accompanied by documentation of a favorable outcome in terms of both pain relief and function. In this case, however, it was not clearly stated how or if usage of the transcutaneous electrotherapy device in question resulted in improved analgesia and/or a better functional outcome. There is no evidence that usage of the TENS (transcutaneous electrical nerve stimulation) unit diminished the applicant's consumption of various analgesic medications, including Norco, Voltaren, etc. It was not clearly stated what the electrodes in question represented. It was not clearly stated which transcutaneous electrotherapy device the applicant had previously received. The request for eight electrodes, per pair, is not medically necessary or appropriate.

Sixteen adhesive remover wipes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: These wipes are intended to be employed in conjunction with the aforementioned electrodes. As noted in the Chronic Pain Medical Treatment Guidelines, usage of a TENS unit and associated supplies beyond the one-month trial period should be accompanied by clear evidence of frequent usage, analgesia, and a favorable outcome in terms of function. In this case, however, there is no evidence that the claimant is using the TENS unit regularly, as it has had a favorable outcome in terms of pain relief, has had a favorable outcome in terms of function, etc. It is not clearly stated precisely which brand or type of TENS unit or transcutaneous electrotherapy device the applicant is using. The request for sixteen adhesive remover wipes is not medically necessary or appropriate.

Twelve battery power packs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: There is no clear evidence that the applicant has effected the requisite analgesia and/or improvement of function as a result of prior usage of the TENS device in question. According to the Chronic Pain Medical Treatment Guidelines, favorable outcomes in terms of pain relief and/or function are prerequisites to continuation of the TENS device beyond one month. In this case, it is not clearly stated how the applicant responded to the TENS unit/transcutaneous electrotherapy device in question. The request for twelve battery power packs is not medically necessary or appropriate.