

Case Number:	CM13-0053252		
Date Assigned:	12/30/2013	Date of Injury:	03/06/2012
Decision Date:	03/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery, 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 63-year-old male who reported an injury on 3/6/12 after he hurt his right low back while loading bags of mail into a cart. Previous treatments have included medications, physical therapy, a heating pad, a back brace, and an epidural steroid injection. The patient's most recent clinical evaluation dated 7/30/13 revealed that the patient had limited range of motion secondary to pain in the lumbar spine and decreased sensation in the L4-5 dermatomes on the right. The patient's treatment recommendations included a lumbar epidural steroid injection, physical therapy, the use of a TENS unit, a back brace, a heating pad, and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for electrode gel, a battery power pack, and adhesive wipes: 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 Page(s): 78.

Decision rationale: The clinical documentation indicates that the patient has a treatment recommendation of a 30-day trial of a TENS unit. It appears that the patient would benefit from

the requested medical equipment. However, the clinical documentation submitted for review does not specifically identify whether the patient actually began and was approved for a 30-day trial of a TENS unit. The California MTUS recommends the 30-day clinical trial of a TENS unit be based on documentation of chronic intractable pain that has failed to respond to other treatments and is used as an adjunct therapy to an active therapy program. The clinical documentation submitted for review does not provide any evidence that the patient is currently participating in active therapy that would benefit from an adjunct therapy such as a TENS unit. Therefore, associated supplies would also not be supported. As such, the retrospective request for durable medical equipment: electrode gel, battery power back, and adhesive wipes is not medically necessary or appropriate.