

Case Number:	CM13-0053477		
Date Assigned:	12/30/2013	Date of Injury:	07/09/2009
Decision Date:	03/20/2014	UR Denial Date:	11/11/2013
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 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 49-year-old female who reported an injury on 07/09/2009. The mechanism of injury was not provided for review. The clinical documentation submitted for review does indicate that the patient is status post cervical fusion and discogram and right shoulder arthroscopy. The patient's most recent clinical examination did not provide any documentation of abnormalities. The patient's chronic pain was managed with medications to include fentanyl, oxycodone, Soma, Xanax. The patient's diagnoses included chronic pain syndrome, cervical pain, cervical radiculopathy, shoulder pain, lumbago, lumbar radicular pain, post laminectomy syndrome of the cervical spine. The patient's treatment plan included medication and reduction with the assistance of conservative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies: Upheld

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

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

Decision rationale: The retrospective request for the purchase of a TENS unit and supplies is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of a TENS unit as an adjunct therapy to other active therapies. The clinical documentation submitted for review does not provide any evidence that the patient is participating in any active therapy that would benefit from an adjunct treatment such as a TENS unit. Additionally, the California Medical Treatment Utilization Schedule recommends a purchase of a TENS unit be based on a 30 day clinical trial that provides objective functional improvement and symptom relief. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a trial of this treatment modality and has been provided functional improvement and pain relief. Therefore, the purchase of a TENS unit and supplies would not be supported. As such, the retrospective request for the purchase of a TENS unit and supplies is not medically necessary or appropriate.

RS-TENS plus: 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 item is not medically necessary, none of the associated items are medically necessary.

RS-LBL low back garment: 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 item is not medically necessary, none of the associated items are medically necessary.

Round 2" electrodes: 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 item is not medically necessary, none of the associated items are medically necessary.