

Case Number:	CM13-0053595		
Date Assigned:	12/30/2013	Date of Injury:	03/11/2011
Decision Date:	07/09/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 injured worker is a 67-year-old male who reported injury on 03/11/2011. The mechanism of injury was not provided. Prior treatments include an epidural steroid injection and physical therapy. The documentation of 09/11/2013 revealed the injured worker had pain in the low back with radiation to the bilateral legs. The injured worker indicated that the quality of life was adequate as long as he took his medications and stayed active. Diagnosis included disc disorder, lumbar, radiculopathy and low back pain. It was indicated the injured worker had utilized other approaches including non-opioid medications, self applied modalities, and therapy and had chronic pain. The treatment plan included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM TENS UNIT WITH HAN PROGRAMS-PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence based functional restoration. There should be

documentation prior to the trial of at least 3 months of pain and evidence that other appropriate pain modalities have been trialed and failed including medications. There was no DWC Form RFA nor PR-2 submitted for the request. There was lack of documentation indicating the injured worker had tried the unit and had objective functional benefit and objective pain relief from the intervention. Additionally, there was lack of documentation indicating the injured worker would be utilizing the unit as an adjunct to other therapy. Given the above, the request for GSM TENS unit with hand programs purchase is not medically necessary.

ELECTRODES (8 PRS PER MONTH) FOR 3 MONTHS: 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: As the request for the GSM TENS unit with hand programs purchase was not medically necessary, the request for electrodes 8 pairs per month for 3 months is not medically necessary.

BATTERIES (6 AAA PER MONTH) FOR 3 MONTHS: 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: As the request for the GSM TENS unit with hand programs purchase was not medically necessary, the request for batteries (6 AAA per month) for 3 months is not medically necessary.