

Case Number:	CM13-0055580		
Date Assigned:	12/30/2013	Date of Injury:	05/25/2012
Decision Date:	05/15/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 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 patient is a 44 year old female who was injured on 5/25/2012. The diagnoses are left knee pain, elbow pain, low back pain and depression. The patient completed physical therapy on 12/12/2012 and elbow physical therapy in 2013. The medications listed are Aleve, Tylenol and Celebrex as needed for pain, Prozac for depression and Flexeril for muscle spasm. The patient declined treatment with Cymbalta. On 1/14/2014, [REDACTED] documented improvement in back pain after lumbar facet rhizotomy procedures. The Inversion table was replaced by [REDACTED] on 10/17/2013. There was no documentation of beneficial effects or indications for continuation of therapy with the use of the table. The patient returned a broken TENS unit on 10/21/2013. There was no documentation on efficacy or indication for continuation of treatment. A Utilization Review decision was rendered on 11/4/2013 recommending non certification for TENS unit and Inversion table adapter kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF TENS UNIT AND INVERSION TABLE ADAPTER KIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES; CHAPTER LOW BACK

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The CA MTUS addressed the use of TENS unit in the treatment of chronic pain. There is no specific recommendations for the use of an inversion table at a place of residence. Inversion table is available for use in physical therapy facilities. The use of TENS unit can be beneficial when the patient have failed regular physical therapy and medications. There should be documentation of functional improvement and decrease in pain following a supervised 1 month trial of the TENS unit. The 1 month trial should be completed as part of a supervised physical therapy program. The records indicate that the patient had been using a TENS unit and inversion table for an unspecified period. There is no documentation on the method of utilization or beneficial effects of these medical equipments. The criteria for continuation of use for a TENS unit and adapter for Inversion table have not been established.