

Case Number:	CM13-0058949		
Date Assigned:	03/03/2014	Date of Injury:	03/05/2012
Decision Date:	05/12/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 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:

According to the records made available for review, this is a 34-year-old male with a 3/5/12 date of injury. At the time (10/22/13) of the Decision for TENS unit rental (1-2 months), electrodes 5 pack, battery alkaline 9 volt qty 6, adhesive remover towel mint qty 24, and TT & SS lead wire qty 13, there is documentation of subjective (right shoulder, knee, neck, and low back pain) and objective (tenderness to palpation over the paracervical, levator scapulae, medial trapezius, and parascapular muscles; positive levator scapulae and trapezius muscle spasm; painful cervical spine range of motion; positive Spurling's sign; positive right medial and patellofemoral joint line tenderness; and positive McMurray's sign) findings, current diagnoses (extruded HNP L5-S1), and treatment to date (physical therapy and medications). There is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT RENTAL (1-2 MONTHS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of an initial one month trial of a TENS unit. Within the medical information available for review, there is documentation of diagnoses of extruded HNP L5-S1. In addition, there is documentation that other appropriate pain modalities have been tried (including medication) and failed. However, there is no documentation of a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration. In addition, the requested TENS unit rental (1-2 months) exceeds guidelines (an initial one month trial of a TENS unit). Therefore, based on guidelines and a review of the evidence, the request for TENS unit rental (1-2 months) is not medically necessary.

ELECTRODES 5 PACK: 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 procedure is not medically necessary, none of the associated services are medically necessary.

BATTERY ALKALINE 9 VOLT QTY 6: 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 procedure is not medically necessary, none of the associated services are medically necessary.

ADHESIVE REMOVER TOWEL MINT QTY 24: 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 procedure is not medically necessary, none of the associated services are medically necessary.

TT & SS LEADWIRE QTY 13: 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 procedure is not medically necessary, none of the associated services are medically necessary