MAXIMUS Federal Services

Case Number:	CM13-0058990		
Date Assigned:	12/30/2013	Date of Injury:	07/27/2010
Decision Date:	05/19/2014	UR Denial Date:	11/22/2013
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 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 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 claimant is a 53-year-old female who was injured on 07/22/10. The clinical records provided for review indicate ongoing low back complaints. An 11/04/13 follow up with [redacted] noted continued low back pain with radiating lower extremity pain and numbness and tingling to the feet. Examination findings documented restricted lumbar range of motion with a right sided positive straight leg raise and sensory deficit in the L5-S1 dermatomal distribution. The claimant was diagnosed with right lower extremity radiculitis and lumbosacral strain. The recommendation was made for continuation of an electrical neuromuscular stimulator unit. Clinical imaging reports, additional treatment, and conservative measures were not noted. This review pertains to the supplies for the electrical neuromuscular stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTRO-THERAPY SUPPLIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) / TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for specific supplies in relationship to the use of a TENS device would not be indicated as medically necessary. Based upon documentation of the claimant's clinical presentation, and in absence of documentation that the claimant is engaged in functional restoration program there is no indication for the chronic use of a TENS device. The specific requests for the electrotherapy supplies in relationship to the TENS device would thus not be indicated.

ELECTRODES PACKS #12 PACKS: 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): 114-116.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for specific supplies in relationship to the use of a TENS device would not be indicated as medically necessary. Based upon documentation of the claimant's clinical presentation, and in absence of documentation that the claimant is engaged in functional restoration program there is no indication for the chronic use of a TENS device. The specific requests for the electrodes in relationship to the TENS device would thus not be indicated.

POWER PACKS #36: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) / TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for specific supplies in relationship to the use of a TENS device would not be indicated as medically necessary. Based upon documentation of the claimant's clinical presentation, and in absence of documentation that the claimant is engaged in functional restoration program there is no indication for the chronic use of a TENS device. The specific requests for the power pack in relationship to the TENS device would thus not be indicated.

ADHESIVE REMOVER TOWEL MINT #48: 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): 114-116.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for specific supplies in relationship to the use of a TENS device would not be indicated as medically necessary. Based upon documentation of the claimant's clinical presentation, and in absence of documentation that the claimant is engaged in functional restoration program there is no indication for the chronic use of a TENS device. The specific requests for the adhesive remover towel mint in relationship to the TENS device would thus not be indicated.

TT & SS LEADWIRE #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) / TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the request for specific supplies in relationship to the use of a TENS device would not be indicated as medically necessary. Based upon documentation of the claimant's clinical presentation, and in absence of documentation that the claimant is engaged in functional restoration program there is no indication for the chronic use of a TENS device. The specific requests for the TT and SS lead wire in relationship to the TENS device would thus not be indicated.