MAXIMUS Federal Services

Case Number:	CM14-0009848		
Date Assigned:	02/21/2014	Date of Injury:	09/24/2012
Decision Date:	06/25/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/27/2014

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 Neurological 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:

A review of the available records reflects this 32 year-old female sustained an injury on 9/24/2012. Mechanism of injury is not listed. Although no clinical notes were available to review, the previous determination indicates previous treatment of chronic neck and back pain. Per the 4/24/2013 evaluation submitted by treating physician no subjective complaints were documented; no objective findings other than height and weight were documented. Diagnoses included lumbar and cervical discopathy. Recent treatment has included multiple medications, at least eight acupuncture sessions and physical therapy. It appears the injured was determined to be temporarily totally disabled. A request has been made for a tens unit (prime dual electrical stimulator) with two month supplies (electrodes, batteries, and lead wires) which had been dispensed on 4/24/2013, a follow-up visit with a medical doctor for medications that occurred between 4/24/2013 and 5/3/2013, and a follow-up visit that took place on 5/23/2013. The non-certification decision for all three requests dated 1/3/2014 appears to be based on lack of clinical documentation and medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT (PRIME DUAL ELECTRICAL STIMULATOR) WITH TWO MONTH SUPPLIES (ELECTRODES, BATTERIES, & LEAD WIRES): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN TREATMENT

GUIDELINES, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 8 C.C.R. §§9792.20 - 9792.26TUS. TRANSCUTANEOUS ELECTR.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) recommends against using a Transcutaneous Electrical Nerve Stimulation (TENS) unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchasing the unit. Based on the clinical documentation provided the TENS unit is being used as the primary treatment modality there is no documentation of the previous one-month trial. As such, the request for a TENS unit and supplies is not considered medically necessary.

FOLLOW UP WITH MD FOR MEDS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG TREATMENT: INTEGRATED TREATMENT/DISABILITY DURATION GUIDELINES PAIN (ACUTE & CHRONIC), OFFICE VISITS (UPDATED 05/30/14)

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines do not apply to this request. As such, the ODG supports routine follow-ups and encourage appropriate follow-up provided that it is individualized based upon patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Given the lack of clinical documentation, any significant response to previous treatment and/or prescribed medications, and no clear treatment plan, the additional office visit was not considered medically necessary.

FOLLOW UP VISIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 8 (NECK AND UPPER BACK COMPLAINTS), 177

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) ODG TREATMENT: INTEGRATED TREATMENT/ DISABILITY DURATION GUIDELINES PAIN (ACUTE & CHRONIC), OFFICE VISITS (UPDATED 05/30/14)

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines do not apply to this request, therefore the Official Disability Guidelines were references. ODG supports routine follow-ups and encourage appropriate follow-up provided it is

individualized based upon patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Given the lack of clinical documentation, lack of improvement, functional status or a clear treatment plan, the office visit was not considered medically necessary.