

Case Number:	CM14-0101515		
Date Assigned:	09/16/2014	Date of Injury:	05/18/2012
Decision Date:	10/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/01/2014

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 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:

The applicant is represented [REDACTED] employee, who has filed a claim for chronic neck, left shoulder, mid back, and low back pain reportedly associated with an industrial injury of May 18, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; opioid therapy; acupuncture and manipulative treatment of unspecified amounts; and earlier two-level lumbar discectomy on November 12, 2013, and extensive periods of time off of work. In a Utilization Review Report dated June 27, 2014, the claims administrator denied a request for a three-month rental of a TENS unit and an interferential stimulator purchase. The applicant's attorney subsequently appealed. In a progress note dated January 2, 2014, the applicant reported persistent complaints of low back and left leg pain. The applicant was no longer working at [REDACTED], it was acknowledged, and had not worked since October 2012. The applicant was using Morphine, Oxycodone, Celexa, Colace, MiraLax, and Lyrica, it was acknowledged. Multiple medications were refilled, including MS Contin, oxycodone, Lyrica, Celexa, Colace, Senna, and MiraLax. Consultation with an internist and psychiatrist were sought, along with interferential unit therapy. The applicant was placed off of work, on total temporary disability. In a request for authorization form dated July 1, 2014, the attending provider suggested that the applicant pursue a three-month trial of a TENS unit on the grounds that the TENS unit could potentially reduce the applicant's pain and numbness and avoid further invasive procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Electrodes rental (8 pair per month) for 3 months: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: While this does result in extension of treatment beyond the one-month trial endorsed on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines for applicants with chronic intractable pain of greater than three months' duration, which has proven recalcitrant to other appropriate pain modalities, including pain medications, partial certifications are not permissible through the Independent Medical Review process. In this case, the applicant's chronic pain concerns have clearly proven recalcitrant to other appropriate pain modalities, including pain medications. A trial of a TENS unit is indicated, despite the fact that the request, as written, represents a TENS unit trial in excess of a one-month trial suggested on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Interferential Stimulator (for purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of an interferential stimulator should be predicated on evidence of a favorable outcome during the earlier one-month trial of the same, in terms of both pain relief and function. In this case, however, there was no evidence that the applicant had previously received a successful one-month trial of the interferential stimulator device before the request for authorization to purchase the same was submitted. Therefore, the request is not medically necessary.