

Case Number:	CM14-0011310		
Date Assigned:	02/21/2014	Date of Injury:	02/23/1992
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker sustained an injury to his low back on 02/23/92 when he was assaulted by a patient, pushed in an awkward position into a freestanding wardrobe closet and began to feel a deep pain. The injured worker underwent T10 through T12 decompression and fusion with instrumentation and L4-5 decompression and fusion. Electrodiagnostic studies of the bilateral lower extremities revealed chronic denervation changes seen in bilateral L2 through L4 and right L5 innervated muscles. There was electrical evidence to suggest chronic denervation changes involving bilateral L2-3 and right L2 through L5 denervated muscles. No electrical evidence of an active radiculopathy, plexopathy or other focal or generalized neuropathy involving the lower limbs that would explain the injured worker's symptomatology.

IMR ISSUES, DECISIONS AND RATIONALES

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

RAISED SHOWER CHAIR QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, Durable medical equipment

Decision rationale: A previous request was denied on the basis that bathtub seats are considered a comfort or convenience item, hygienic equipment and are not primarily medical in nature. The Official Disability Guidelines (ODG) state that durable medical equipment is classified as items that can withstand repeated use, i.e., could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. Given the clinical documentation submitted for review, the request for raised shower chair is not medically necessary and appropriate..

CUSHIONED RAISED TOILET SEAT QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, Durable medical equipment

Decision rationale: The previous request was denied on the basis that custom toilet seats are considered a comfort or convenience item, hygienic equipment and are not primarily medical in nature. The Official Disability Guidelines (ODG) state that durable medical equipment is classified as items that can withstand repeated use, i.e., could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. Given the clinical documentation submitted for review, the request for cushioned raised toilet seat is not medically necessary and appropriate.

TENS UNIT ELECTRODE REPLACEMENT PADS (MONTHS) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The request for transcutaneous electrical nerve stimulation TENS unit electrode replacement pads (months) x1 is not medically necessary. The previous request was denied on the basis that there was insufficient documentation toward the authorization of this device for the treatment of the patient's current condition. The CAMTUS guidelines do not support muscle stimulator treatment as an isolated intervention in the absence of a functional-based treatment program. The CAMTUS states that while TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-

term effectiveness. Several published evidence-based assessments of TENS units have found that evidence is lacking concerning effectiveness. Given the clinical documentation submitted for review, medical necessity of the request for TENS unit electrode replacement pads (months) x 1 is not medically necessary.

TENS UNIT REPLACEMENT BATTERIES (MONTHS) QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The previous request was denied on the basis that there was insufficient documentation toward the authorization of this device for the treatment of the patient's current condition. The California Medical Treatment Utilization Schedule (CAMTUS) guidelines do not support muscle stimulator treatment as an isolated intervention in the absence of a functional-based treatment program. The CAMTUS states that while TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Given the clinical documentation submitted for review, medical necessity of the request for TENS unit replacement batteries (months) x 1 is not medically necessary.

URINE DRUG TEST QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Office visits

Decision rationale: The request for urinary drug test x 1 visit is not medically necessary. The previous request was denied on the basis that there was no documentation of provider concerns over patient use of illicit drugs or noncompliance with prescription medications. There was no information provided that would indicate the injured worker has a history of substance abuse or has misused prescription medications in the past. There was no indication that the injured worker is at risk, as there were no significant 'red flags' identified. Given the clinical documentation submitted for review, medical necessity of the request for urinary drug testing is not medically necessary and appropriate..