

Case Number:	CM14-0181623		
Date Assigned:	11/06/2014	Date of Injury:	05/09/2014
Decision Date:	12/11/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 54 year-old female with a date of injury of May 9, 2014. The patient's industrially related diagnoses include low back and hip sprain/strain, left ankle sprain, and left wrist sprain. The disputed issues are TENS Unit times 30 day trial, electrical stimulator supplies, lead wires, replacement batteries, 2 conductive garments, and Infrared Heating Pad System purchase. A utilization review determination on 10/29/2014 had non-certified these requests. The stated rationale for the denial of the TENS unit and supplies was: "There is no evidence that other appropriate pain modalities have failed. Benefit has been documented with physical medicine treatment and response to medication is not documented." The stated rationale for the denial of the infrared heating pain system purchase was: "The ODG does not recommend infrared therapy over other heat therapies such as at home application of heat patches. There is no compelling reason to support the medical necessity of infrared therapy over conventional heat packs."

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit times 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, a one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In the submitted documentation available for review, there is documentation that the injured worker was doing acupuncture and physical therapy but there was no documentation of failure of those treatment modalities. Furthermore, the injured worker was prescribed Naprosyn and Flexeril after her injury and was instructed to continue on the medication. There was no indication that the injured worker failed medications as she was still taking them at the time of the request. In the absence of clarity regarding these issues, the currently requested TENS unit times 30 day trial is not medically necessary.

Electrical Stimulator Supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the lack of documentation in the submitted medical records, medical necessity for the currently requested TENS unit times 30 day trial could not be established. Therefore the request for electrical stimulator supplies for the TENS unit are also not medically necessary.

Lead Wires: 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): 114-117.

Decision rationale: Based on the lack of documentation in the submitted medical records, medical necessity for the currently requested TENS unit times 30 day trial could not be established. Therefore the request for lead wires for the TENS unit are also not medically necessary.

Replacement Batteries: 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): 114-117.

Decision rationale: Based on the lack of documentation in the submitted medical records, medical necessity for the currently requested TENS unit times 30 day trial could not be established. Therefore the request for replacement batteries for the TENS unit are also not medically necessary.

Conductive Garments QTY: 2.00: 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): 114-117.

Decision rationale: Based on the lack of documentation in the submitted medical records, medical necessity for the currently requested TENS unit times 30 day trial could not be established. Therefore the request for conductive garments qty 2 for the TENS unit are also not medically necessary.

Infrared Heating Pad System Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), On-line Version, Low Back - Lumbar & Thoracic (acute & chronic), updated 10/28/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Infrared Therapy (IR)

Decision rationale: The [REDACTED] heating system is a cordless heating wrap that uses Far Infrared Ray (FIR) technology to provide deep penetrating heat. The California Medical Treatment and Utilization Schedule do not address heat therapy. However, the updated ACOEM guidelines state that there are many forms of heat therapy for treatment of musculoskeletal pain including hot packs, moist hot packs, sauna, warm baths, infrared, diathermy and ultrasound. For the treatment of chronic LBP, self-application of low-tech heat therapy is recommended. However, this still does not address the use of infrared therapy. Therefore, the Official Disability Guidelines Low Back Chapter is consulted. The ODG states that, "Infrared therapy (IR) is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care." There is no documentation of acute low back

pain, and the injured worker's DOI was 5/9/2014. Therefore, based on the Official Disability Guidelines, the [REDACTED] heating system is not medically necessary.