MAXIMUS Federal Services

Case Number:	CM14-0043575		
Date Assigned:	07/02/2014	Date of Injury:	05/30/1997
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/10/2014

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 Texas and Oklahoma. 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 62-year-old male with a reported date of injury on 05/30/1997. The injury reportedly occurred when the injured worker fell 15 feet down a riverbed and injured his neck and back. His diagnoses were noted to include a neck sprain, lumbar sprain, status post posterior lumbar laminectomy and decompression L5-S1 with pedicle screws, lumbar spondylitic spondylolisthesis with spinal stenosis and spinal instability with lower extremity radiculopathy. His previous treatments were noted to include medications and surgery. The progress note dated 02/26/2014 revealed the injured worker had surgery 02/15/2014. The physical examination noted clean wounds anteriorly and posteriorly and the neurological examination was within normal limits to the lower extremity. The progress note dated 05/22/2014 revealed the injured worker complained of low back pain rated 5/10. The physical examination revealed healed wounds anterior and posteriorly, with neurological findings within normal limits to the lower extremity. The progress note dated 07/01/2014 revealed the injured worker complained of low back pain rated 4/10 with no leg symptoms. The physical examination noted tenderness to the lumbar spine and decreased range of motion with guarding. The request for authorization form dated 02/26/2014 was for a meds 4 unit with garment for postoperative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication (4) unit quanitity (1) Transcutaneous Electrical Nerve Stimulatory unit (TENS unit): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines Title 8 Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 116.

Decision rationale: The request for a medication 4 unit quantity 1 (transcutaneous electrical nerve stimulatory unit (TENS unit)) is non-certified. The injured worker had surgery 02/15/2014. The California Chronic Pain Medical Treatment Guidelines recommend TENS as a treatment option for acute postoperative pain in the first 30 days post surgery. The guidelines state transcutaneous electrical nerve stimulation appears to be the most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect or not at all for other orthopedic surgical procedures. The guidelines criteria for the use of a TENS unit is documentation of pain of at least 3 months duration. There must be evidence that other appropriate pain modalities have been tried (including medication) and failed. The guidelines recommend a 1 month trial period of a ten unit and should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) and should be documented as to how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial period. A treatment plan including specific short-and long-term goals of treatment with the TENS unit should be submitted. There is a lack of documentation regarding previous conservative therapies attempted and whether an initial trial of the TENS unit has been attempted. Additionally, the guidelines recommend a TENS unit for thoracotomy pain and states that it has been shown to be less effective for other orthopedic surgical procedures. Therefore, due to lack of documentation regarding failed conservative care, a previous trial of a TENS unit, and the guidelines recommending a TENS unit only for thoracotomy surgery, a TENS unit is not warranted at this time. Therefore, the request is non-certified.

Meds (4) unit garment, quantity (1): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation Page(s): 116.

Decision rationale: The request for meds 4 unit garment, quantity one is not medically necessary. The previous request for a TENS unit was non-certified. The Chronic Pain Medical Treatment Guidelines only consider a form fitting TENS device medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast. Therefore, due to the previous TENS request being non-certified, this request for a meds 4 unit garment is not warranted at this time. As such, the request is not medically necessary.