

Case Number:	CM14-0049424		
Date Assigned:	06/25/2014	Date of Injury:	03/01/2008
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 is a 51 year old female who reported an injury on 03/01/2008. The injured worker had a history of lower back pain that rates her pain 4/10 at best and a 10/10 at her worst. The injured worker had a diagnosis of lumbar spine surgery. The physical examination of the lumbar spine reveals normal range of motion, no noted tenderness on palpitation. The treatments included physical therapy, epidural steroid injections, ibuprofen 800mg, Gabapentin, and oxycodone IR 5 mg one tablet 3 times a day. The treatment plan includes spinal cord stimulator, repeat a dorsal S1 transforaminal epidural steroid injection and bilateral prudential nerve block every 3 months, current medications and 1 month follow up. The authorization from dated 06/25/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes 8 pairs per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) for chronic pain and Criteria for the Use of TENS for Chronic Intractable Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, post-operative pain Page(s): 116.

Decision rationale: The MTUS Chronic Pain Guidelines recommend transcutaneous electrical nerve stimulation (TENS) as a treatment for acute post-operative pain within the first 30 days of treatment. It had lesser effect or not at all on orthopedic procedures. The transcutaneous electrical stimulation unit should be requested during the 30 day period. The MTUS Chronic Pain Guidelines also indicate that there is evidence that other appropriate pain modalities have been initiated and failed. The documentation did not support the medical necessity for TENS. The documentation was evident that the injured worker had a lumbar spine surgery however no specific date was given. The exam revealed normal finding and controlled pain of a 4/10 using the VAS scale. Current treatment is effective. As such the request is not medically necessary and appropriate.

Batteries 6 units per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) for chronic pain and Criteria for the Use of TENS for Chronic Intractable Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS post operative pain Page(s): 116.

Decision rationale: The MTUS Chronic Pain Guidelines recommend transcutaneous electrical nerve stimulation (TENS) as a treatment for acute post-operative pain within the first 30 days of treatment. It had lesser effect or not at all on orthopedic procedures. The transcutaneous electrical stimulation unit should be requested during the 30 day period. The MTUS Chronic Pain Guidelines also indicate that there is evidence that other appropriate pain modalities have been initiated and failed. The documentation did not support the medical necessity for TENS. The documentation was evident that the injured worker had a lumbar spine surgery however no specific date was given. The exam revealed normal finding and controlled pain of a 4/10 using the VAS scale. Current treatment is effective. As such the request for batteries 6 units per month is not medically necessary and appropriate.