

Case Number:	CM14-0052131		
Date Assigned:	07/07/2014	Date of Injury:	05/07/2012
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/21/2014

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 7, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and epidural steroid injection therapy. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for a GSM-HD combination TENS unit and associated supplies. The applicant's attorney subsequently appealed. In an April 9, 2014 progress note, the applicant was described as having persistent complaints of low back pain radiating to the left leg. The applicant stated that previous usage of the TENS unit had apparently ameliorated his pain. The applicant stated that he is using the TENS unit twice daily. The applicant was already permanent and stationary, it was acknowledged. The applicant was smoking a pack of cigarettes a day. The attending provider sought authorization for purchase of the GSM-HD TENS unit, which the attending provider posited had ameliorated some of the applicant's pain complaints. The applicant was given a 50-pound lifting limitation. The applicant was described as using Zocor and blood pressure medication on this occasion. It was not stated whether or not the applicant was working. On an earlier note of February 4, 2014, it was stated that the applicant was using Norco, which the applicant had reportedly recently stopped, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 GSMHD combo TENS unit with HAN: 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 Neuromuscular Electrical Stimulation topic Page(s): 121. Decision based on Non-MTUS Citation Product description.

Decision rationale: Per the product description, the GSM-HD TENS unit is comprised of many different modalities, one of which includes NMES or neuromuscular electrical stimulation. However, as noted on page 121 of the MTUS Chronic Pain Medical Treatment Guidelines, neuromuscular electrical stimulation (NMES) is not recommended outside of the Postsurgical Rehabilitation Context. NMES is not recommended in the chronic pain context present here. No rationale for selection of this particular modality and/or device as opposed to a conventional TENS device was proffered by the attending provider. Since one modality in the device is not recommended, the entire device is not recommended. Therefore, the request is not medically necessary.

8 electrodes per month: 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 Product Description Page(s): 121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

6 unit batteries per month: 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 NMES topic.,Product Description Page(s): 121.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.