

Case Number:	CM14-0010985		
Date Assigned:	02/21/2014	Date of Injury:	11/19/1999
Decision Date:	03/26/2015	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who sustained an industrial injury on 11/19/1999. On physician progress report dated 10/15/2013 the injured worker has reported neck pain and stiffness and uses his ENS unit on a daily bases. On examination he was noted to have a decreased range of motion of the cervical and lumbar spine. The diagnoses have included lumbar spondylosis and diffuse idiopathic skeletal hyperostosis. Treatment to date has included TENS unit. On Utilization Review non-certified electrodes, - pair (16 pain per month for 3 months), power pack (24 per month for 3 months), lead wires and pair adhesive wipes (32 per month for 3 months). The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes (16 pairs per month for 3 months): Upheld

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

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

Decision rationale: The patient was injured on 11/19/99 and presents with neck pain/stiffness and low back pain. The request is for ELECTRODES (16 PAIR PER MONTH FOR 3 MONTHS). There is no RFA provided and the patient's work status is not known. On examination he was noted to have a decreased range of motion of the cervical/lumbar spine and a positive sitting straight leg raise on the left. The patient is diagnosed with DISH, lumbar spondylosis, and probable diabetic peripheral neuropathy. The 10/15/13 report indicates that the patient 'utilizes a TENS unit on a daily basis. For the most part, he is able to manage his symptoms with the TENS unit.' The report with the request is not provided. According to MTUS guidelines page 116 on the criteria for the use of TENS in chronic intractable pain: 'a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial.' As a conservative therapy for pain reduction, TENS units, and the associated electrodes, offer a reasonable avenue of pain control in patients for whom there is a proven efficacy. The records do not show how the patient was utilizing the TENS unit, how often it was used, and what outcome measures were reported in terms of pain relief and function. The general statement stating that the patient is 'able to manage his symptoms with the TENS unit' does not demonstrate efficacy. In regards to the request for 16 pairs of electrodes for what is presumably the patient's personally purchased TENS unit, the documents provided do not contain enough evidence to warrant additional supplies unless prior efficacy is documented. Therefore, this requested electrodes IS NOT medically necessary.

Power Pack (24 per month for 3 months): Upheld

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

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

Decision rationale: The patient was injured on 11/19/99 and presents with neck pain/stiffness and low back pain. The request is for POWER PACK (24 PER MONTH FOR 3 MONTHS). There is no RFA provided and the patient's work status is not known. On examination he was noted to have a decreased range of motion of the cervical/lumbar spine and a positive sitting straight leg raise on the left. The patient is diagnosed with DISH, lumbar spondylosis, and probable diabetic peripheral neuropathy. The 10/15/13 report indicates that the patient "utilizes a TENS unit on a daily basis. For the most part, he is able to manage his symptoms with the TENS unit." The report with the request is not provided. According to MTUS guidelines page 116 on the criteria for the use of TENS in chronic intractable pain: 'a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial.' As a conservative therapy for pain reduction, TENS units, and the associated power pack, offer a reasonable avenue of pain control in patients for whom there is a proven efficacy. The records do not show how the patient was utilizing the TENS unit, how often it was used, and what outcome measures were reported in terms of pain

relief and function. The general statement stating that the patient is "able to manage his symptoms with the TENS unit" does not demonstrate efficacy. In regards to the request for power pack for what is presumably the patient's personally purchased TENS unit, the documents provided do not contain enough evidence to warrant additional supplies unless prior efficacy is documented. Therefore, this requested power pack IS NOT medically necessary.

Lead Wires: Upheld

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

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

Decision rationale: The patient was injured on 11/19/99 and presents with neck pain/stiffness and low back pain. The request is for LEAD WIRES. There is no RFA provided and the patient's work status is not known. On examination he was noted to have a decreased range of motion of the cervical/lumbar spine and a positive sitting straight leg raise on the left. The patient is diagnosed with DISH, lumbar spondylosis, and probable diabetic peripheral neuropathy. The 10/15/13 report indicates that the patient "utilizes a TENS unit on a daily basis. For the most part, he is able to manage his symptoms with the TENS unit." The report with the request is not provided. According to MTUS guidelines page 116 on the criteria for the use of TENS in chronic intractable pain: 'a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial.' As a conservative therapy for pain reduction, TENS units, and the associated lead wires, offer a reasonable avenue of pain control in patients for whom there is a proven efficacy. The records do not show how the patient was utilizing the TENS unit, how often it was used, and what outcome measures were reported in terms of pain relief and function. The general statement stating that the patient is "able to manage his symptoms with the TENS unit" does not demonstrate efficacy. In regards to the request for lead wires for what is presumably the patient's personally purchased TENS unit, the documents provided do not contain enough evidence to warrant additional supplies unless prior efficacy is documented. Therefore, this requested lead wires IS NOT medically necessary.

Pair Adhesive Wipes (32 per month for 3 months): Upheld

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

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

Decision rationale: The patient was injured on 11/19/99 and presents with neck pain/stiffness and low back pain. The request is for PAIR ADHESIVE WIPES (32 PER MONTH FOR 3 MONTHS). There is no RFA provided and the patient's work status is not known. On

examination he was noted to have a decreased range of motion of the cervical/lumbar spine and a positive sitting straight leg raise on the left. The patient is diagnosed with DISH, lumbar spondylosis, and probable diabetic peripheral neuropathy. The 10/15/13 report indicates that the patient "utilizes a TENS unit on a daily basis. For the most part, he is able to manage his symptoms with the TENS unit." The report with the request is not provided. According to MTUS guidelines page 116 on the criteria for the use of TENS in chronic intractable pain: 'a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial.' As a conservative therapy for pain reduction, TENS units, and the associated pair adhesive wipes, offer a reasonable avenue of pain control in patients for whom there is a proven efficacy. The records do not show how the patient was utilizing the TENS unit, how often it was used, and what outcome measures were reported in terms of pain relief and function. The general statement stating that the patient is "able to manage his symptoms with the TENS unit" does not demonstrate efficacy. In regards to the request for pair of adhesive wipes for what is presumably the patient's personally purchased TENS unit, the documents provided do not contain enough evidence to warrant additional supplies unless prior efficacy is documented. Therefore, this requested pair adhesive wipes IS NOT medically necessary.