MAXIMUS Federal Services

Case Number:	CM14-0196988		
Date Assigned:	12/05/2014	Date of Injury:	10/24/2008
Decision Date:	01/22/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 24, 2008.In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve a request for TENS-EMS-interferential therapy unit purchase and associated supplies. The claims administrator stated that its decision was based on progress note of September 9, 2014 and an RFA form on November 7, 2014. The applicant's attorney subsequently appealed.In a May 21, 2014 progress note, the applicant reported ongoing complaints of low back pain with associated muscle spasms. The attending provider stated that previous usage of a TENS unit had helped the applicant. This was not elaborated upon. Prilosec, Norflex, Norco, acupuncture and unspecified topical compounds were endorsed, along with permanent work restrictions. The applicant did not appear to be working with said permanent limitations in place.On June 2, 2014, psychological medical-legal evaluation stated that the applicant's prognosis for return to work from a psychological perspective was fair. In a September 9, 2014 progress note, the applicant again reported ongoing complaints of low back pain. Epidural steroid injection therapy was pending. The applicant's pain complaints were severe. The applicant had undergone previous vertebroplasty procedure between T8 and T11, it was stated. The attending provider stated previously employed TENS device has been beneficial. This was neither elaborated nor expounded upon, however. Permanent work restrictions were renewed, along with prescription for Prilosec, Norflex, Norco, and unspecified topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS-EMS/Interferential Therapy Unit (Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS, Interferential Current Stimulation, Neuromuscular Electrical Stimu.

Decision rationale: Based on the attending provider's documentation, this appears to represent a request for a previously dispensed TENS-interferential therapy-EMS device. Page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation (NMES), which the EMS modality at issue is a subset, is "not recommended" in the chronic pain context present here. Rather, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines suggests reserving NMES for the post-stroke rehabilitative context.Both pages 116 and 120 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that request to purchase either a conventional TENS unit and/or an interferential stimulation should be predicated on evidence of a favorable outcome during a one-month trial of said device, in terms of both pain relief and function. In this case, however, the applicant presented on September 9, 2014, reporting severe, constant low back pain. The applicant remained dependent on Norco, Norflex, and topical compounded medications. The applicant was seemingly using Norco at a rate of 6 times a day on September 9, 2014. The applicant was not working with permanent limitations in place on that date. All of the foregoing, taken together, suggests a lack a functional improvement as defined in MTUS 9792.20f, despite prior usage of the TENS-EMS-interferential therapy device at issue. Therefore, the request was not medically necessary.

Supplies Consisting of 4 Units of Electrodes and 1 9 Volt Battery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Bifurcated Lead Wires 2 Units/1 Pair: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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