MAXIMUS Federal Services

Case Number:	CM15-0107823		
Date Assigned:	07/20/2015	Date of Injury:	10/12/1999
Decision Date:	08/25/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 12, 1999. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for a transcutaneous electrotherapy device with associated electrodes, power packs and adhesive removers. The claims administrator referenced an April 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 7, 2015, the applicant reported ongoing complaints of low back pain, 8-9/10. The applicant had received a lumbar epidural injection in late 2014, it was reported. The applicant stated that his back pain complaints were unbearable. The applicant was on Oxycodone, Skelaxin, and lactulose, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was reported. Ancillary pain generators included the neck and shoulder. Oxycodone, Skelaxin, and lactulose were all renewed. The applicant was asked to consult a shoulder surgeon and continue physical therapy. The note made no mention of the need for the device in question. The applicant was described as "disabled," it was reported toward the top of the report. In an April 16, 2015 progress note, the applicant reported severe shoulder pain, 9/10. An interferential stimulator device and associated supplies were sought. The applicant received an ultrasound-guided shoulder injection in the clinic. In a subsequent note dated May 6, 2015, the applicant's pain management physician again reported that the applicant was "disabled." Once again, Oxycodone and lactulose were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Packs of Electrode packs purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS), TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: No, the request for four electrode packs was not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for an interferential current stimulator device. Since that request was deemed not medically necessary below, the derivative or companion request for associated electrode packs was likewise not medically necessary.

12 Power pack purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS), TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: Similarly, the request for 12 power packs was likewise not medically necessary, medically appropriate, or indicated here. This was another derivative or companion request, one which accompanied the primary request for an interferential stimulator device. Since that was deemed not medically necessary below, the derivative or companion request for associated power packs was likewise not medically necessary.

16 Adhesive remover towel mint purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS), TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: Similarly, the request for 16 adhesive remover towels was likewise not medically necessary, medically appropriate, or indicated here. This was another derivative or companion request, one which accompanied the primary request for an interferential stimulator device. Since that was deemed not medically necessary, the derivative or companion request for associated adhesive towel removers was likewise not medically necessary.

ITT & SS Leadwire purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS), TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 120.

Decision rationale: Finally, the request for an interferential stimulator (IFS) device with associated lead wires was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of an interferential stimulator device on a purchase basis should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same, with evidence of increased functional improvement, less reported pain, and evidence of medication reduction. Here, it appeared that the attending provider dispensed the device at issue without having the applicant first undergo a successful one-month trial of the same. It is further noted that provision of the device did not appear to have affected any material benefits or functional improvement in terms of the parameters established in MTUS 9792.20e. The applicant was described as having severe, 8-9/10 pain on a subsequent office visit of May 6, 2015. The applicant was given refills of Oxycodone on that date. The applicant was described as "disabled" on a subsequent office visit of May 6, 2015. It did not appear, in short, that the applicant had in fact profited from provision of the interferential stimulator device and associated lead wires in terms of the functional improvement parameters set forth in MTUS 9792.20e. Therefore, the request was not medically necessary.