

Case Number:	CM15-0015122		
Date Assigned:	02/02/2015	Date of Injury:	05/30/2012
Decision Date:	04/21/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 46 year old male who sustained a work related injury May 30, 2012. Past history included chronic pain disorder, major depression, agoraphobia with panic attacks, C5-C6 hemilaminotomy and microdiscectomy July 10, 2012, anterior cervical discectomy and fusion at C5-C6 April 8, 2013. According to a primary treating physician's progress report dated January 2, 2015, the injured worker verbalizes concern over a potential third neck surgery. He continues to have pain, numbness and tingling of the right hand. He continues with psychological therapy he finds helpful. Treatment plan included continue medication, continue psychotherapy, and return to clinic in six weeks. According to utilization review dated January 21, 2015, the request for Prem electrodes 2 x 2 4/pk quantity 6 is non-certified. The request for skin prep 50/box quantity 1 is non-certified. The request for Leadline B/B 100cm quantity 2 is non-certified. MTUS guidelines were referenced for all the issues at dispute.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prem Electrodes 2x2 2/pack, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electric therapy Page(s): 116.

Decision rationale: Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this instance, it appears a TENS unit was trialed on 9-5-2014. A review of 1089 pages of medical records does not reveal evidence of a successful one month trial with a TENS unit. A TENS treatment plan does not appear to be enclosed. Medical records subsequent to 9-5-2013 fails to reveal evidence of any functional gains as a consequence of the TENS unit. The available treatment notes subsequent to 9-5-2013 do not seem to mention the TENS unit. The medical necessity for a TENS unit and its supplies is therefore not established.

Skin Prep 50/box quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical therapy Page(s): 116.

Decision rationale: Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this instance, it appears a TENS unit was trialed on 9-5-2014. A review of 1089 pages of medical records does not reveal evidence of a successful one month trial with a TENS unit. A TENS treatment plan does not appear to be enclosed. Medical records subsequent to 9-5-2013 fails to reveal evidence of any functional gains as a consequence of the TENS unit. The available treatment notes subsequent to 9-5-2013 do not seem to mention the TENS unit. The medical necessity for a TENS unit and its supplies is therefore not established.

Leadline B/B 100cm quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical therapy Page(s): 116.

Decision rationale: Criteria for the use of TENS: Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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; rental would be preferred over purchase during this trial; Other ongoing pain treatment should also be documented during the trial period including medication usage' A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. In this instance, it appears a TENS unit was trialed on 9-5-2014. A review of 1089 pages of medical records does not reveal evidence of a successful one month trial with a TENS unit. A TENS treatment plan does not appear to be enclosed. Medical records subsequent to 9-5-2013 fails to reveal evidence of any functional gains as a consequence of the TENS unit. The available treatment notes subsequent to 9-5-2013 do not seem to mention the TENS unit. The medical necessity for a TENS unit and its supplies is therefore not established.