

Case Number:	CM15-0181182		
Date Assigned:	09/30/2015	Date of Injury:	10/19/2009
Decision Date:	11/12/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/15/2015

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 46-year-old who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of October 19, 2009. In a Utilization Review report dated August 25, 2015, the claims administrator failed to approve requests for batteries and electrodes. The claims administrator stated that the attending provider failed to furnish a clear or compelling rationale for the request. The claims administrator did reference an August 13, 2015 RFA form in its determination. The claims administrator stated that it construed the request as a request for supplies for an interferential stimulator device. Non-MTUS ODG Guidelines on durable medical equipment were referenced in the determination. The applicant's attorney subsequently appealed. On December 31, 2014, the applicant underwent an open rotator cuff repair procedure with associated biceps tenodesis. On June 9, 2015, it was stated that the applicant had undergone a recent manipulation under anesthesia procedure on June 4, 2015. On June 12, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of depression. The applicant was apparently off of work and receiving Social Security Disability Insurance (SSDI) benefits, it was stated toward the top of the note. The applicant's medications included Lidoderm patches, Neurontin, Flexeril, Norco, Nexium, Celexa, and Celebrex, it was reported. The applicant was visibly agitated, tearful, and angry, it was acknowledged. There was no mention of the applicant's using an interferential stimulator device on this date. In a handwritten note dated May 19, 2015, it was suggested that the applicant was using the TENS unit. Work restrictions were endorses, although it did not appear that the applicant was working with said limitations in place. The applicant was on Social Security Disability Insurance (SSDI), it was acknowledged. The applicant's medication list

included Neurontin, Flexeril, Norco, Nexium, Celexa, Celebrex, and Lidoderm. On May 3, 2015, it was acknowledged that the applicant had been deemed permanently disabled owing to issues with depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

BATT ALK AAA Duracell #6 for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: No, the request for 6 AAA batteries-Duracell-was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for provision of batteries to be employed in conjunction with usage of a TENS device which the applicant was described as using on a handwritten progress note of May 19, 2015. However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that provision of a TENS unit on a purchase basis and, by implication, provision of associated supplies should be predicated on evidence of a favorable outcome during an earlier 1-month trial of said TENS unit, with evidence of beneficial effects present in terms of both pain relief and function. Here, however, the applicant was off of work and had been deemed permanently disabled, it was reported on multiple office visits, referenced above, including on May 19, 2015 and May 3, 2015. The applicant remained dependent on a variety of opioid and non-opioid agents to include Norco, Flexeril, Neurontin, Celebrex, and Lidoderm patches, it was reported on said handwritten note of May 1, 2015. All of the foregoing, taken together, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite prior usage of a TENS unit. Therefore, the request for provision of associated TENS unit supplies in the form of the AAA batteries at issue was not indicated. Therefore, the request was not medically necessary.

Electrodes - 2/PK #8 for purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Similarly, the request for electrodes was likewise not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for provision of electrodes to be employed in conjunction with a previously provided TENS unit.

However, page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis and, by implication, provision of associated supplies should be predicated on evidence of a favorable outcome during an earlier 1-month trial of said TENS unit, with evidence of beneficial effects present in terms of both pain relief and function. Here, however, office visits of May 19, 2015 and May 3, 2015 suggested that the applicant was off of work and had been deemed permanently disabled. Ongoing usage of the TENS unit failed to curtail the applicant's dependence on opioid agents such as Norco, it was acknowledged on those dates. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite prior usage of a TENS unit. Thus, the request for provision of associated TENS unit supplies in the form of the electrodes at issue was likewise not indicated. Therefore, the request was not medically necessary.