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| Case Number: | CM15-0182199 | | |
| Date Assigned: | 09/23/2015 | Date of Injury: | 12/13/2006 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/17/2015 |
| 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female, who sustained an industrial injury on December 13, 2006. Medical records indicate that the injured worker is undergoing treatment for lumbar spine degenerative joint disease, sciatica, lumbar spine herniated nucleus pulposus and lumbar spine degenerative disc disease. The injured worker was noted to be working. On (8-21-2015) the injured worker complained of back pain with radiation to both legs. The pain was aggravated by lifting, bending and walking. The injured worker was noted to have had a flare-up of pain 2 weeks prior. Physical examination revealed paraspinal muscle spasms, lumbar five and iliac crest trigger points and a decreased range of motion by 25%. Motor examination and deep tendon reflexes were normal. The physical examination was unchanged. Treatment and evaluation to date has included medications, lumbar x-rays, physical therapy and a transcutaneous electrical nerve stimulation unit. The injured worker was noted to be using her transcutaneous electrical nerve stimulation unit daily or every other day with over 50% pain reduction and also functional improvement, allowing her to be able to last longer doing her household chores and to sit or stand for a longer periods of time. Current medications include ciprofloxacin, Edluar, metronidazole, nascobal, Norco, Vicodin and Vitamin-D. The current requested treatments include transcutaneous electrical nerve stimulation unit supplies for 12 months: electrodes 8 pairs per month and AAA batteries 6 per month. The Utilization Review documentation dated 8-7-2015 non-certified the requests for the transcutaneous electrical nerve stimulation unit supplies for 12 months: electrodes 8 pairs per month and AAA batteries 6 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrodes 8 pairs per month (per 07/30/2015 order): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in December 2006 and is being treated for low back pain with sciatic pain. The claimant is working in a cafeteria. Medications and exercises are helping. She uses TENS every day or every other day with well over a 50% improved function allowing her to perform activities of daily living and with improved positional tolerances. When seen, there was decreased spinal range of motion with muscle spasms and trigger points. Authorization is being requested for TENS unit supplies. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. In this case, the claimant already uses TENS and the fact the pads and batteries need to be replaced is consistent with its continued use and efficacy. The request is not medically necessary.

AAA batteries 6 pcs per month (per 07/30/2015 order): Overturned

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

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

Decision rationale: The claimant sustained a work injury in December 2006 and is being treated for low back pain with sciatic pain. The claimant is working in a cafeteria. Medications and exercises are helping. She uses TENS every day or every other day with well over a 50% improved function allowing her to perform activities of daily living and with improved positional tolerances. When seen, there was decreased spinal range of motion with muscle spasms and trigger points. Authorization is being requested for TENS unit supplies. TENS is used for the treatment of chronic pain. TENS is thought to disrupt the pain cycle by delivering a different, non-painful sensation to the skin around the pain site. It is a noninvasive, cost effective, self-directed modality. In terms of the pads, there are many factors that can influence how long they last such as how often and for how long they are used. Cleaning after use and allowing 24 hours for drying is recommended with rotation of two sets of electrodes. In this case, the claimant already uses TENS and the fact the pads and batteries need to be replaced is consistent with its continued use and efficacy. The request is not medically necessary.

