MAXIMUS Federal Services

Case Number:	CM15-0200193		
Date Assigned:	10/15/2015	Date of Injury:	05/10/2007
Decision Date:	11/30/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 05-10-2007. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for cervical spine sprain-strain, shoulder sprain-strain, and thoracic sprain- strain. Treatment and diagnostics to date has included physical therapy, use of wheelchair, and medications. Recent medications have included Fluoxetine, Lorazepam, Tramadol, Lyrica, and Prilosec. Subjective data (08-06-2015), included neck, shoulder, bilateral wrist, and mid back pain. Objective findings (08-06-2015) included knee extension 90 out of 90, shoulder flexion 170 out of 170, and abduction 150 out of 150 and use of motorized wheelchair. The request for authorization dated 08-07-2015 requested an x-force stimulator unit, plus three months supplies, and conductive garment (x2). The Utilization Review with a decision date of 09-15-2015 non- certified the request for x-force stimulator unit, plus three (3) months supplies, conductive garment times two (2) for purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-force stimulator unit, plus three (3) months supplies, conductive garment times two (2); purchase: Upheld

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

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

Decision rationale: The patient presents with pain in the neck, mid back, bilateral shoulders and bilateral wrists. The request is for X-force stimulator unit, plus three (3) months supplies, conductive garment times two (2); purchase. Physical examination to the lumbar spine on 07/27/15 revealed generalized tenderness throughout the spine. Range of motion was noted to be full. Patient's diagnosis, per 08/06/15 progress report includes cervical spine sprain/strain, shoulder sprain/strain, and thoracic sprain/strain. Patient is partially temporarily disabled. MTUS Chronic Pain Medical Treatment Guidelines, on page 116, Criteria For Use of TENS states the following: "(1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain." The treater has not specifically discussed this request. In Agreed Medical Re-Evaluation report dated 07/27/15, it is stated that the patient has a TENS unit at home and that the unit only provides occasional relief. It is not clear however, how long the patient has been utilizing the TENS unit. In this case, review of the medical records provided do not indicate prior one-month trial of TENS unit and its outcome, and there is no treatment plan with short and long term goals. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach. In regards to the request for conductive garment, the patient does not present with a medical condition such as skin pathology nor require a large area of treatment to warrant a conductive garment. This request is not in accordance with guideline recommendations and therefore, is not medically necessary.