MAXIMUS Federal Services

Case Number:	CM15-0027512		
Date Assigned:	02/19/2015	Date of Injury:	09/07/2014
Decision Date:	04/07/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/13/2015

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 22 year old male who sustained an industrial injury on 9/7/14. The injured worker reported symptoms in the back. The diagnoses included lumbosacral strain. Treatments to date include physical therapy and home exercise program. In a progress note dated 12/18/14 the treating provider reports the injured worker was with lower back pain "not always present, but when he does heavy work, he experiences pain in the low back."On 2/3/15 Utilization Review non-certified the request for Golden State Medical High Definition Combo with HAN Purchases , Electrodes 8 pairs per month and Batteries (6 AAA Per Mo). The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSM HD Combo with HAN Purchases: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

Decision rationale: The 22 year old patient presents with low back pain, and has been diagnosed with lumbosacral strain, as per progress report dated 12/18/14. The request is for GSM HD combo with HAN purchases. The RFA for the case is dated 01/27/15, and the patient's date of injury is 09/07/14. The patient is taking Ibuprofen for pain relief, as per progress report dated 11/07/14. The patient has been allowed to continue regular work, as per progress report dated 12/18/14. For TENS unit, MTUS guidelines, on page 116, require; (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, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. In this case, physical therapy report dated 12/08/14 states that the TENS unit has helped in "reducing his pain. Patient is reporting less restriction with rotation following treatment." The current request is for purchase of the GSM HD Combo with HAN. However, none of the progress reports discuss the purpose of the unit. Additionally, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short and long-term goals. Hence, this request IS NOT medically necessary.

Electrodes 8 pairs per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

Decision rationale: The 22 year old patient presents with low back pain, and has been diagnosed with lumbosacral strain, as per progress report dated 12/18/14. The request is for Electrodes 8 pairs per month. The RFA for the case is dated 01/27/15, and the patient's date of injury is 09/07/14. The patient is taking Ibuprofen for pain relief, as per progress report dated 11/07/14. The patient has been allowed to continue regular work, as per progress report dated 12/18/14. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." In this case, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short- and long-term goals. Hence, the request for TENS unit has not been authorized. Consequently, the request for electrodes IS NOT medically necessary.

Batteries (6 AAA Per Mo): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain Page(s): 114-116.

Decision rationale: The 22 year old patient presents with low back pain, and has been diagnosed with lumbosacral strain, as per progress report dated 12/18/14. The request is for batteries (6 AAA per month). The RFA for the case is dated 01/27/15, and the patient's date of injury is 09/07/14. The patient is taking Ibuprofen for pain relief, as per progress report dated 11/07/14. The patient has been allowed to continue regular work, as per progress report dated 12/18/14. According to MTUS Chronic Pain Management Guidelines the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." In this case, there is no documentation of prior one-month trial and its outcome, and there is no treatment plan with short and long-term goals. Hence, the request for TENS unit has not been authorized. Consequently, the request for batteries IS NOT medically necessary.