MAXIMUS Federal Services

Case Number:	CM15-0035298		
Date Assigned:	03/03/2015	Date of Injury:	09/11/2012
Decision Date:	04/08/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/25/2015

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 38 year old male, who sustained an industrial injury on 09/11/2012. He has reported low back pain. The diagnoses have included lumbago. Treatment to date has included medications, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and home exercise program. Medications have included Norco, Toradol ER, Soma, and Omeprazole. A progress note from the treating physician, dated 12/09/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the middle back, lower back, buttocks, neck, right shoulder, upper back, left shoulder, and right upper leg. Objective findings included straight leg raising test bilaterally abnormal. Request is being made for AAA batteries 6 per month. On 01/28/2015 Utilization Review noncertified a prescription for AAA batteries 6 per month. The CA MTUS was cited. On 02/25/2015, the injured worker submitted an application for IMR for review of a prescription for 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:

AAA batteries 6 per month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, pages 115-118.

Decision rationale: Transcutaneous Electrotherapy is not recommended as an isolated intervention, but a one-month home-based trial of neurostimulation may be considered as a noninvasive conservative option for chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications which have not been demonstrated in this case. Criteria also includes notation on how often the unit was to be used, as well as outcomes in terms of pain relief and function of other ongoing pain treatment during this trial period including medication usage. A treatment plan should include the specific short and long-term goals of treatment with the TENS unit. There is no clinical exam documenting limitations in ADLs, specific neurological deficits, or failed attempts with previous conservative treatments to support for the TENS unit, not recommended as a first-line approach or stand-alone treatment without an independent exercise regimen towards a functional restoration program. Submitted reports have not demonstrated having met these guidelines criteria. The AAA batteries 6 per month is not medically necessary and appropriate.