

Case Number:	CM13-0037534		
Date Assigned:	12/13/2013	Date of Injury:	09/14/2007
Decision Date:	02/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical medicine and rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57 year-old male sustained an injury on 9/14/07 while employed by the [REDACTED]. Requests under consideration include 50 electrodes, per pair; 12 replacement batteries; and 2 lead wires, per pair which were dispensed by the provider on 9/13/13. Report dated 7/2/13 from [REDACTED] noted the patient complained of sharp, burning left shoulder pain rated at 8-9/10; continued radicular low back pain with muscle spasms rated at 6-7/10; Sharp left ankle pain rated at 7-8/10. The patient also suffers from stress, anxiety, and depression. Exam findings included tenderness to palpation and reduced range of motion in the left shoulder and ankle; reduced range of the lumbar spine with decreased sensation to pinprick of the L2-S1 dermatomes of the left lower extremity; Motor strength of left upper and lower extremities was reduced secondary to pain. Diagnoses include Left shoulder rotator cuff tear; lumbar spine herniated pulposis; lumbar radiculopathy; Left ankle sprain/strain; anxiety disorder; sleep disorder; stress; mood disorder. His work status remained temporarily totally disabled. Request for TENS Unit was non-certified on 4/22/13 with additional supplies non-certified on 7/12/13; however, it appears the patient has utilized the TENS unit for management of his symptoms for several months without reported pain relief or functional improvement, remaining TTD. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to incl

IMR ISSUES, DECISIONS AND RATIONALES

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

50 electrodes, per pair between 09/13/2013 and 09/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

Decision rationale: This 57 year-old male sustained an injury on 9/14/07 while employed by the [REDACTED]. Requests under consideration include 50 electrodes, per pair; 12 replacement batteries; and 2 lead wires, per pair which were dispensed by the provider on 9/13/13. Report dated 7/2/13 from [REDACTED] noted the patient complained of sharp, burning left shoulder pain rated at 8-9/10; continued radicular low back pain with muscle spasms rated at 6-7/10; Sharp left ankle pain rated at 7-8/10. The patient also suffers from stress, anxiety, and depression. Exam findings included tenderness to palpation and reduced range of motion in the left shoulder and ankle; reduced range of the lumbar spine with decreased sensation to pinprick of the L2-S1 dermatomes of the left lower extremity; Motor strength of left upper and lower extremities was reduced secondary to pain. Diagnoses include Left shoulder rotator cuff tear; lumbar spine herniated pulposis; lumbar radiculopathy; Left ankle sprain/strain; anxiety disorder; sleep disorder; stress; mood disorder. His work status remained temporarily totally disabled. Request for TENS Unit was non-certified on 4/22/13 with additional supplies non-certified on 7/12/13; however, it appears the patient has utilized the TENS unit for management of his symptoms for several months without reported pain relief or functional improvement, remaining TTD. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit for several months, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. As the TENS unit is not supported, the associated supplies are not medically necessary. The 50 electrodes, per pair; 12 replacement batteries; and 2 lead wires, per pair between 09/13/2013 and 09/13/2013 are not medically necessary and appropriate.

12 replacement batteries between 09/13/2013 and 09/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 14-117.

Decision rationale: As the TENS unit is not supported, the associated supplies are not medically necessary. The 50 electrodes, per pair; 12 replacement batteries; and 2 lead wires, per pair between 09/13/2013 and 09/13/2013 are not medically necessary and appropriate.

2 lead wires, per pair between 09/13/2013 and 09/13/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 117-117.

Decision rationale: As the TENS unit is not supported, the associated supplies are not medically necessary. The 50 electrodes, per pair; 12 replacement batteries; and 2 lead wires, per pair between 09/13/2013 and 09/13/2013 are not medically necessary and appropriate.