

Case Number:	CM14-0145611		
Date Assigned:	09/12/2014	Date of Injury:	08/07/2013
Decision Date:	01/02/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In an August 4, 2014 Utilization Review Report, the claims administrator denied a request for an X-Force stimulator and also denied a pain management consultation. The claims administrator, somewhat incongruously, used the MTUS epidural steroid injection topic to deny the proposed pain management consultation. The applicant's attorney subsequently appealed. In a June 10, 2014 progress note, the applicant reported ongoing complaints of low back pain, 6-7/10. Limited lumbar range of motion and hyposensorium were appreciated about the lower extremities. Motrin, a pain management consultation, consideration of epidural steroid injection therapy, and an X-Force TENS unit were sought while the applicant was kept off of work, on total temporary disability. The attending provider stated that the X-Force stimulator represented a dual-modality stimulator, comprising of conventional TENS and transcutaneous electrical joint stimulation (TEJS). In an earlier note dated April 15, 2014, the applicant was again placed off of work, on total temporary disability. A pain management referral, Tylenol No. 4, Motrin, and the X-Force stimulator device were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Force Stimulator TENS Unit 20 minutes daily , rental for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: While page 116 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that TENS units are recommended in the treatment of chronic intractable pain of greater than three months' duration in applicants in whom other appropriate pain modalities, including pain medications, have been tried and/or failed, in this case, however, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction of the X-Force stimulator at issue. The applicant was given prescriptions for various and sundry analgesic medications, including Tylenol No. 4 and Motrin, for instance. There was no mention of the medications having proven unsuccessful. The applicant's ongoing usage of multiple first-line oral pharmaceuticals without seeming issue, thus, effectively obviates the need for the proposed X-Force stimulator device/TENS unit. Therefore, the request is not medically necessary.

Pain Management Consultation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the practitioner to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, however, the applicant has responded incompletely to other first-line treatments, including time, medications, physical therapy, etc. In this case, however, the applicant does have persistent low back pain complaints. The applicant is off of work, on total temporary disability, it is further noted. The requesting provider stated that he wished the applicant to consult with a pain management physician to consider other therapies, including possible epidural steroid injection therapy. Obtaining the added expertise of a physician specializing in chronic pain, such as a chronic pain physician, is therefore indicated. Accordingly, the request is medically necessary.