MAXIMUS Federal Services

Case Number:	CM15-0012570		
Date Assigned:	01/30/2015	Date of Injury:	04/17/2013
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 49 year old female sustained an industrial injury on 4/17/13, with subsequent ongoing back and right shoulder pain. Treatment included physical therapy, home exercise and medications. In a progress report dated 12/4/14, the injured worker complained of worsening low back pain with radiation into the groin, right leg and right 2nd and 3rd toes, 6-8/10 on the visual analog scale without medications and 1/10 with medications. The injured worker complained of right shoulder pain that radiated to the right wrist 5-6/10. The injured worker reported that Tramadol caused nervousness, dizziness and nausea but helped with pain. Physical exam was remarkable for lumbar spine tenderness to palpation from L4 to the coccyx bilaterally with full range of motion and right shoulder tenderness to palpation with decreased range of motion. Current diagnoses included right shoulder impingement syndrome, lumbago and lumbar facet syndrome. The injured worker had been off work since 2/14. The treatment plan included consulting a pain specialist or back specialist for possible facet injection, six sessions of physical therapy, x-rays and magnetic resonance imaging of the right shoulder, adding Tramadol and Salonpas patches, continuing topical cream and trialing a TENs unit. On 1/13/15, Utilization Review noncertified a request for TENS Unit 1 Month Rental, 2 Packs of Electrodes and 2 Packs of Batteries noting that the request for TENS unit was submitted without supporting clinical documentation and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit 1 Month Rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-1.

Decision rationale: ACOEM guidelines state insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At home local applications of heat or cold are as effective as those performed by therapists. MTUS further states regarding interferential units, not recommended as an isolated intervention and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The medical documentation does not detail any concerns for substance abuse or pain from postoperative conditions that limit ability to participate in exercise programs/treatments. The treating physician has ordered physical therapy however, progress notes do not detail unresponsiveness to other conservative measures such as re-positioning, heat/ice, etc. As such, the request for TENS Unit 1 Month Rental is not medically necessary.

2 Packs of Electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-1.

Decision rationale: ACOEM guidelines state insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At home local applications of heat or cold are as effective as those performed by therapists. MTUS further states regarding interferential units, not recommended as an isolated intervention and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical

therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The treating physician has not provided documentation to meet guideline criteria for certification of the TENS unit, so accessories will not be necessary at this time. As such, the request for 2 Packs of Electrodes is not medically necessary.

2 Packs of Batteries: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Guidelines Interferential Current Stimulation, Transcutaneous electrotherapy Page(s): 54, 114-1.

Decision rationale: ACOEM guidelines state insufficient evidence exists to determine the effectiveness of sympathetic therapy, a noninvasive treatment involving electrical stimulation, also known as interferential therapy. At home local applications of heat or cold are as effective as those performed by therapists. MTUS further states regarding interferential units, not recommended as an isolated intervention and details the criteria for selection: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/ physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. The treating physician has not provided documentation to meet guideline criteria for certification of the TENS unit, so accessories will not be necessary at this time. As such, the request for 2 Packs of Electrodes is not medically necessary.