

Case Number:	CM15-0129796		
Date Assigned:	07/16/2015	Date of Injury:	01/22/2009
Decision Date:	08/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/06/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of January 22, 2009. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for a 4-lead TENS unit, an associated conductive garment, an adjustable mattress, and a trigger point injection. The claims administrator referenced an RFA form received on June 23, 2015 and an associated progress note of June 23, 2015 in its determination. The applicant's attorney subsequently appealed. On a June 23, 2015 RFA form, a 4-lead TENS unit, an associated conductive garment, Norco, Naprosyn, tramadol, Effexor, Remeron, Flexeril, Protonix, Neurontin, and a trigger point injection were sought. In an associated progress note of same date June 23, 2015, the applicant reported ongoing complaints of low back, shoulder, hip, and groin pain. The applicant had had multiple trigger point injections, the treating provider acknowledged, prior to this point. The applicant was described as having ongoing complaints of low back pain radiating to the left leg with paresthasias about the same. The applicant had stopped working in 2009, it was reported. The applicant had gained 30 pounds since the date of injury, it was reported. The attending provider suggested in various sections of the note that the applicant in fact had an active L4-L5 radiculopathy. The attending provider said that he is seeking authorization for a 4-lead TENS unit on the grounds that the previously provided 2-lead TENS unit was not effective. The note was quiet difficult to follow and mingled historical issues with current issues. The applicant had developed derivative complaints of depression, sleep disturbance, and sexual dysfunction, the treating provider acknowledged. Multiple medications were renewed, including Naprosyn,

Effexor, Remeron, Tramadol, Flexeril, Protonix, Neurontin, and Norco. A repeat trigger point injection, 4-lead TENS unit, adjustable mattress, hip injection, and trigger point injections were sought while the applicant's permanent work restrictions were renewed. The treating provider did acknowledge the applicant was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lead TENS unit: 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 Criteria for the use of TENS Page(s): 116.

Decision rationale: No, the request for a 4-lead TENS unit was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, 2-lead TENS units are generally recommended. An attending provider should furnish documentation of why a 4-lead TENS unit is medically necessary, page 116 of the MTUS Chronic Pain Medical Treatment Guideline notes. Here, the attending provider seemingly sought authorization for a 4-lead TENS unit on a purchase basis on the grounds that previously provided 2-lead TENS unit had not proven beneficial. The attending provider, however, sought authorization for said 4-lead TENS unit without having the applicant first undergo one-month trial of said 4-lead TENS unit. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that provision of a TENS unit on a purchase basis should be predicated on the evidence of a favorable outcome during an earlier one-month trial, with beneficial effects evident in terms of both pain relief and function. Here, however, the applicant had not, in fact, received and/or undergone a one-month trial of the 4-lead TENS unit in question before the request to purchase the same was initiated. Therefore, the request was not medically necessary.

Conductive garment: 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 Criteria for the use of TENS Page(s): 116.

Decision rationale: Similarly, the request for an associated conductive garment was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of MTUS Chronic Pain Medical Treatment Guidelines, form-fitting TENS devices or conductive garments are considered only medically necessary when there is documentation that an applicant has such a large area which requires stimulation that a conventional system cannot accommodate such treatment. Here, however, the attending provider did not clearly state that the applicant's pain

complaints were so widespread that a conventional system could not accommodate electrical stimulation treatment. It is further noted that this was a derivative or companion request, one of which accompany the primary request for a 4-lead TENS unit. Since that was deemed not medically necessary, the derivative or companion request for an associated conductive garment was likewise not medically necessary.

Adjustable mattress (thoracic/lumbar, left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 861: 2. Recommendation: Specific Beds or Other Commercial Sleep Products for Chronic Pain Syndromes, Specific beds or other commercial sleep products are not recommended for treatment of chronic pain syndromes, Strength of Evidence - Not Recommended, Insufficient Evidence (I), Evidence for the Use of Sleep Posture or Commercial Products, there are no quality studies evaluating sleep posture or the use of specific commercial products (e.g., pillows, mattresses, etc.) to prevent or treat low back or chronic pain.

Decision rationale: Similarly, the request for an adjustable mattress was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that specific beds or other commercial sleep products such as pillows and/or the mattress in question are not recommended in the treatment of chronic pain syndromes. Here, the attending provider failed to furnish a compelling rationale for provision of this particular adjustable mattress in the face of the unfavorable ACOEM position on provision of the same. Therefore, the request was not medically necessary.

Trigger point injection along left shoulder blade: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Finally, the request for a trigger point injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat trigger point injection, as the attending provider reported on June 23, 2015 that the applicant had had multiple trigger point injections over the course of the claim. Page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat trigger point injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, it was reported on June 23, 2015. The applicant had stopped working in 2009, it was noted on that date. The applicant had gained 30 pounds over the course of the claim, the treating provider reported. The applicant was minimizing performance of household chores, it was reported on

June 23, 2015. Receipt of previous trigger point injections failed to curtail the applicant's dependence on a variety of analgesic and adjuvant medications to include Naprosyn, Effexor, Remeron, tramadol, Flexeril, Neurontin, Norco, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple trigger point injections over the course of the claim. Therefore, the request for a repeat trigger point injection was not medically necessary.