

Case Number:	CM15-0168371		
Date Assigned:	09/09/2015	Date of Injury:	04/01/2011
Decision Date:	11/02/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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: New York, California
 Certification(s)/Specialty: Emergency 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 injured worker is a 43-year-old male, who sustained an industrial injury on 4-1-11. The injured worker was diagnosed as having post laminectomy fusion and chronic back pain. Treatment to date has included oral medications including Ultracet, Flexeril 10mg, Neurontin 300gm, Prilosec 20mg and Naprosyn 500mg, transcutaneous electrical nerve stimulation (TENS) unit and activity modifications. A urine drug screen was noted to have been performed on 5-21-15. On 5-21-15 and again on 6-19-15, the injured worker complained of low back pain. Work status is noted to be permanent and stationary. Physical exam performed on 5-21-15 and 6-19-15 revealed 60 degrees of flexion and 10 degrees of extension of back with negative straight leg raising. The treatment plan included continuation of medications, signing of Opioid treatment agreement and recommendation for transcutaneous electrical nerve stimulation (TENS) supplies. There is no discussion of ongoing treatments other than medications or the effect of the TENS unit. On 7-28-15, utilization review denied requests for IF supplies purchase, lead wire purchase, electrodes purchase, batteries purchase and alcohol wipes, noting no documented evidence of functional improvement from prior home use of transcutaneous electrical nerve stimulation (TENS) unit and conflicting documentation regarding supplies or what type unit the patient currently has in order to establish the medical necessity of the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

IF supplies, purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation BlueCross BlueShield: TENS, CMS: The use of TENS, Aetna and Humana, VA: TENS, European Federation of Neurological Societies (EFNS): TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Ca MTUS, under the heading transcutaneous electrotherapy, discusses both TENS and IF treatments. There is confusion in the records which treatment is being requested for the IW. Documentation supports the IW had a TENS unit and the progress note requested supplies for this unit. He submitted IMR request is for IF supplies. There is discussion of the frequency of use of the TENS unit or the IW's response to this therapy. According to CA MTUS, TENS unit and IF unit are not recommended as isolated therapies. The records do not support the IW is currently undergoing physical medicine strategies or an active home therapy program. Without the support of the documentation and clarity of requested treatment, the request is determined not medically necessary.

Leadwire, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Ca MTUS, under the heading transcutaneous electrotherapy, discusses both TENS and IF treatments. There is confusion in the records which treatment is being requested for the IW. Documentation supports the IW had a TENS unit and the progress note requested supplies for this unit. He submitted IMR request is for IF supplies. There is discussion of the frequency of use of the TENS unit or the IW's response to this therapy. According to CA MTUS, TENS unit and IF unit are not recommended as isolated therapies. The records do not support the IW is currently undergoing physical medicine strategies or an active home therapy program. Without the support of the documentation and clarity of requested treatment, the request is determined not medically necessary.

Electrodes, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Ca MTUS, under the heading transcutaneous electrotherapy, discusses both TENS and IF treatments. There is confusion in the records which treatment is being requested for the IW. Documentation supports the IW had a TENS unit and the progress note requested supplies for this unit. he submitted IMR request is for IF supplies. There is discussion of the frequency of use of the TENS unit or the IW's response to this therapy. According to CA MTUS,

TENS unit and IF unit are not recommended as isolated therapies. The records do not support the IW is currently undergoing physical medicine strategies or an active home therapy program. Without the support of the documentation and clarity of requested treatment, the request is determined not medically necessary.

Batteries, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Ca MTUS, under the heading transcutaneous electrotherapy, discusses both TENS and IF treatments. There is confusion in the records which treatment is being requested for the IW. Documentation supports the IW had a TENS unit and the progress note requested supplies for this unit. he submitted IMR request is for IF supplies. There is discussion of the frequency of use of the TENS unit or the IW's response to this therapy. According to CA MTUS, TENS unit and IF unit are not recommended as isolated therapies. The records do not support the IW is currently undergoing physical medicine strategies or an active home therapy program. Without the support of the documentation and clarity of requested treatment, the request is determined not medically necessary.

AOH wipes, purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Ca MTUS, under the heading transcutaneous electrotherapy, discusses both TENS and IF treatments. There is confusion in the records which treatment is being requested for the IW. Documentation supports the IW had a TENS unit and the progress note requested supplies for this unit. he submitted IMR request is for IF supplies. There is discussion of the frequency of use of the TENS unit or the IW's response to this therapy. According to CA MTUS, TENS unit and IF unit are not recommended as isolated therapies. The records do not support the IW is currently undergoing physical medicine strategies or an active home therapy program. Without the support of the documentation and clarity of requested treatment, the request is determined not medically necessary.

