MAXIMUS Federal Services

Case Number:	CM15-0176365		
Date Assigned:	09/17/2015	Date of Injury:	11/06/2014
Decision Date:	11/09/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/08/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 is a 28 year old female with a date of injury of November 6, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for headaches, lower back pain, lumbar spine sprain and strain, rule out lumbar herniated nucleus pulposus, and rule out lumbar radiculopathy. Medical records dated May 15, 2015 indicate that the injured worker complains of headaches, radicular lower back pain rated at a level of 7 out of 10 radiating down the right leg, associated numbness and tingling of the bilateral lower extremities. Records also indicate that the injured worker's pain was aggravated by prolonged sitting, standing, walking, bending, arising from a sitting position, ascending or descending stairs, and stooping, and well as by activities of daily living. A progress note dated July 17, 2015 notes subjective complaints of headaches, lower back pain rated at a level of 6 to 7 out of 10 radiating down the right leg, associated numbness and tingling of the bilateral lower extremities. The physical exam dated May 15, 2015 reveals tenderness to palpation noted at the lumbar paraspinal muscles and over the lumbosacral junction, decreased range of motion of the lumbar spine (Flexion of 50 degrees, extension of 15 degrees, left lateral flexion of 20 degrees, right lateral flexion of 15 degrees, left rotation of 20 degrees, right rotation of 20 degrees), slightly decreased sensation to pin prick and light touch at the L4, L5, and S1 dermatomes in the right lower extremity, and decreased motor strength in all the represented muscle groups in the lower extremities. The progress note dated July 17, 2015 documented a physical examination that showed tenderness to palpation noted at the lumbar paraspinal muscles and over the lumbosacral junction, decreased range of motion of the lumbar spine (Flexion of 50 degrees, extension of 20 degrees, left lateral flexion of 20

degrees, right lateral flexion of 20 degrees, left rotation of 20 degrees, right rotation of 20 degrees), slightly decreased sensation to pin prick and light touch at the L4, L5, and S1 dermatomes in the right lower extremity, and decreased motor strength in all the represented muscle groups in the lower extremities. Treatment has included medications (Baclofen since at least March of 2015), at least six sessions of chiropractic treatment, and shockwave therapy. The original utilization review (August 10, 2015) non-certified a request for a transcutaneous electrical nerve stimulator unit and associated supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Batteries: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for Batteries for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-

based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested batteries for TENS are not medically necessary.

Lead wires for one-month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for Lead wires for one month supply for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested Lead wires for one-month supply for TENS are not medically necessary.

Electrodes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Regarding the request for Electrodes for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be

considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested Electrodes for TENS are not medically necessary.