

Case Number:	CM15-0026931		
Date Assigned:	02/19/2015	Date of Injury:	06/04/2008
Decision Date:	04/03/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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

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 64 year old male, who sustained an industrial injury on 6/04/2008. The diagnoses have included lumbar sprain. Treatment to date has included conservative measures. A previous Utilization Review (2011) determination non-certified a request for retrospective purchase of H-wave stimulation device. A recent physical exam was not noted. On 3/24/2011, he reported neck and low back pain. Pain was rated 8/10 in the neck and 3-9/10 in the low back. He had normal stance and gait and appeared in no acute distress. Neck motion was slightly decreased. Lumbar spine motion was slightly decreased. Medication use was not noted. Imaging results were not noted. On 2/04/2015, Utilization Review non-certified a retrospective request (12/22/2014) for electrodes (per pair), conductive paste or gel, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for durable medical equipment (DEM) Electrodes, per pair, conductive paste or gel dispensed on 12/22/14 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation device.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS - transcutaneous electrical nerve stimulation- for chronic pain Page(s): 114-116.

Decision rationale: The patient is a 64 year old male who presents with neck pain rated 8/10 which radiates into the right upper extremity in a C6 nerve root distribution. Patient also complains of lower back pain which fluctuates, ranging from 3/10 at best and 9/10 at worst. The patient's date of injury is 06/04/08. Patient is status post unspecified nerve blocks, though levels and dates are not provided. The request is for retrospective for DME electrodes, per pair, conductive paste or gel dispensed on 12/22/14 for lumbar spine. The RFA was not provided. Physical examination dated 03/24/10 reveals slightly decreased range of motion in the neck and lower back, intact neurological function and otherwise normal findings in all extremities. No other abnormal physical findings are included. The patient's current medication regimen was not specified. Diagnostic imaging was not provided. Patient's current work status is not provided. MTUS guidelines pages 114-116 under TENS -transcutaneous electrical nerve stimulation- for chronic pain states: "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, for the conditions described below." MTUS further states use is for neuropathic pain. In regards to the request for retrospective electrodes for what is presumably a home TENS unit, treater has not provided adequate documentation to support the request. The request date of service is 12/22/14, though only two progress notes are provided, the most recent being 03/24/10. There is no mention of a TENS or ICS unit trial or purchase. Without a clearer picture of this patient's current clinical status or evidence that a TENS or ICS unit is being used with efficacy, electrodes and associated conductive gel cannot be supported. Therefore, the request is not medically necessary.