

Case Number:	CM15-0061086		
Date Assigned:	04/07/2015	Date of Injury:	06/07/2009
Decision Date:	05/13/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/31/2015

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, Massachusetts
 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 injured worker is a 46 year old female, who sustained an industrial injury on 6/07/2009. The injured worker was diagnosed as having lumbago, lumbar disc disease with myelopathy, and displacement of intervertebral disc, site unspecified, without myelopathy. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, chiropractic, psychiatry, and medications. Currently, the injured worker complains of low back pain, reporting doing horrible since running out of her medications for almost two weeks. Pain was rated 9/10. Medications included Lidoderm, Flexaril, Pepcid, Ambien, Biofreeze, and Xanax. Also noted were left lower limb pain and numbness and decreased sensation to the left S1 distribution. MRI findings were referenced and she was noted to have incontinence problems but declined surgery. She reported that transcutaneous electrical nerve stimulation unit helped, but she needed electrodes so she could use it. The treatment plan included transcutaneous electrical nerve stimulation unit supplies and Sween cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase premium electrode 2x4 x6, AA Battery 1.5V alkaline x3, and skin prep 54 box x 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: The injured worker has been approved for use of TENS unit and here provider has been requested replacement of the necessary equipment in order for the unit to continue functioning. The peer reviewer report have stated that replacement of the equipment is not appropriate since "there was no detailed documentation of reasonably maintained functional improvement with the use of the TENS unit". From my review of the provided clinical records the treating provider reported on 12/4/14 that "she has been using her TENS unit for pain control. She has noted that TENS unit helps with her pain and without it, she has difficulty with her function. TENS unit helps to manage her pain and allows her to take less medication". This is clear indication of clinical efficacy, consequently continued use of TENS is medically appropriate and refill of the necessary equipment including electrodes, battery and skin prep, are also medically appropriate.

Sween cream 12 oz jar x2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: The injured worker has been approved for use of TENS unit and here provider has been requested replacement of the necessary equipment in order for the unit to continue functioning. The peer reviewer report have stated that replacement of the equipment is not appropriate since "there was no detailed documentation of reasonably maintained functional improvement with the use of the TENS unit". From my review of the provided clinical records the treating provider reported on 12/4/14 that "she has been using her TENS unit for pain control. She has noted that TENS unit helps with her pain and without it, she has difficulty with her function. TENS unit helps to manage her pain and allows her to take less medication". This is clear indication of clinical efficacy, consequently continued use of TENS is medically appropriate and refill of the necessary equipment including sween cream is also medically appropriate.