MAXIMUS Federal Services

Case Number:	CM15-0068071		
Date Assigned:	04/15/2015	Date of Injury:	01/22/1992
Decision Date:	06/25/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 58-year-old male, who sustained an industrial injury on 1/22/92. The injured worker has complaints of back pain that radiated down to both lower extremities. The diagnoses have included lumbar post-laminectomy syndrome. Treatment to date has included magnetic resonance imaging (MRI) showed "three ruptured discs" physiotherapy; lumbar epidural steroid injection; laminectomy at L4-5 in late 1992, after which time the injured worker remained symptomatic and he had a second laminectomy with revision at L4 and L5 followed by an interbody fusion at L4-5 and L5-S1; computerized tomography (CT) scan; electromyography and intrathecal pump; bone stimulator was placed and medications. The request was for durable medical equipment (DME) interferential/transcutaneous electrical nerve stimulation unit combo times one month rental; electrode times one month; batteries times one month rental and set up and delivery.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME IF/TENS Unit Combo x 1 month Rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested DME IF/TENS Unit Combo x 1 month Rental, is not medically necessary.CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or; Pain is ineffectively controlled with medications due to side effects; or; History of substance abuse; or; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has back pain that radiated down to both lower extremities. The diagnoses have included lumbar post-laminectomy syndrome. Treatment to date has included magnetic resonance imaging (MRI) showed "three ruptured discs"; physiotherapy; lumbar epidural steroid injection; laminectomy at L4-5 in late 1992, after which time the injured worker remained symptomatic and he had a second laminectomy with revision at L4 and L5 followed by an interbody fusion at L4-5 and L5-S1; computerized tomography (CT) scan; electromyography and intrathecal pump; bone stimulator was placed and medications. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, DME IF/TENS Unit Combo x 1 month Rental is not medically necessary.

Electrode x 1 month: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested electrode x 1 month , is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, transcutaneous electrotherapy, interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or; Pain is ineffectively controlled with medications due to side effects; or; History of substance abuse; or; Significant pain from postoperative conditions limits the ability to perform exercise

programs/physical therapy treatment; or; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has back pain that radiated down to both lower extremities. The diagnoses have included lumbar post-laminectomy syndrome. Treatment to date has included magnetic resonance imaging (MRI) showed "three ruptured discs"; physiotherapy; lumbar epidural steroid injection; laminectomy at L4-5 in late 1992, after which time the injured worker remained symptomatic and he had a second laminectomy with revision at L4 and L5 followed by an interbody fusion at L4-5 and L5-S1; computerized tomography (CT) scan; electromyography and intrathecal pump; bone stimulator was placed and medications. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, electrode x 1 month is not medically necessary.

Batteries x 1 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested batteries x 1 month rental, is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or; Pain is ineffectively controlled with medications due to side effects; or; History of substance abuse; or; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has back pain that radiated down to both lower extremities. The diagnoses have included lumbar post-laminectomy syndrome. Treatment to date has included magnetic resonance imaging (MRI) showed "three ruptured discs"; physiotherapy; lumbar epidural steroid injection; laminectomy at L4-5 in late 1992, after which time the injured worker remained symptomatic and he had a second laminectomy with revision at L4 and L5 followed by an interbody fusion at L4-5 and L5-S1; computerized tomography (CT) scan; electromyography and intrathecal pump; bone stimulator was placed and medications. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, batteries x 1-month rental is not medically necessary.

Set up and Delivery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential current stimulation Page(s): 118-120.

Decision rationale: The requested set up and delivery is not medically necessary. CA Chronic Pain Medical Treatment Guidelines, Transcutaneous electrotherapy, Interferential current stimulation, Page 118-120, noted that this treatment is "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. There are no published randomized trials comparing TENS to Interferential current stimulation;" and the criteria for its use are: "Pain is ineffectively controlled due to diminished effectiveness of medications; or; Pain is ineffectively controlled with medications due to side effects; or; History of substance abuse; or; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or; Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." The injured worker has back pain that radiated down to both lower extremities. The diagnoses have included lumbar post-laminectomy syndrome. Treatment to date has included magnetic resonance imaging (MRI) showed "three ruptured discs"; physiotherapy; lumbar epidural steroid injection; laminectomy at L4-5 in late 1992, after which time the injured worker remained symptomatic and he had a second laminectomy with revision at L4 and L5 followed by an interbody fusion at L4-5 and L5-S1; computerized tomography (CT) scan; electromyography and intrathecal pump; bone stimulator was placed and medications. The treating physician has not documented any of the criteria noted above, nor a current functional rehabilitation treatment program, nor derived functional improvement from electrical stimulation including under the supervision of a licensed physical therapist. The criteria noted above not having been met, set up and delivery is not medically necessary.