

Case Number:	CM15-0071884		
Date Assigned:	04/22/2015	Date of Injury:	02/26/2012
Decision Date:	05/20/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/15/2015

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: 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 31 year old female, who sustained an industrial injury on February 26, 2012. She reported low back pain. The injured worker was diagnosed as having low back pain and improving abdominal pain since hernia repair. Treatment to date has included diagnostic studies, physical therapy, chiropractic care, steroid injections, TENS unit, exercise, medications and work restrictions. Lumbar MRI is essentially normal. Currently, the injured worker complains of low back pain with radicular symptoms to the right lower extremity. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. She reported improvement with the previous use of a TENS unit. Evaluation on March 3, 2005, revealed continued pain as noted. Medications, a foam roller and a TENS unit were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase, Foam Roller: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Durable Medical Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS Guidelines recommend a self directed activity program as an aspect of management chronic pain. It is clearly documented that this individuals is in an active rehabilitation program and continues to work modified duty. This is a very simple and safe piece of DME that is helpful for her to maintain the active rehabilitation program. Under these circumstances, the foam roller is consistent with Guidelines and is medically necessary and appropriate.

Lidoderm Patch 5% Qty 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines recommend very narrow criteria for the use of topical lidoderm. The main criteria is the localized presence of a neuropathic pain syndrome. This individual has radiating pain into the leg which is not well explained by MRI studies and it does not appear to be highly localized from a peripheral nerve injury/irritation. Under these circumstances, the Lidoderm is not Guideline supported and is not medically necessary.

Dispensed TENS (transcutaneous electrical nerve stimulation) Unit Leads #1 Set Of 4:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 113-116.

Decision rationale: Due to the scientific uncertainty that TENS units are effective, Guidelines have quite strict criteria to support ongoing use. It is documented that it is helpful, however Guidelines recommend careful documentation of how often it is used, how much pain relief it brings and how it impacts other treatments i.e. diminished the use of medications or need for procedures. Documentation of these Guideline recommended standards is lacking and there are no compelling reasons to justify an exception to Guidelines as reported medications and other treatments have not been impacted by TENS use. The Dispensed TENS unit leads set of 4 (# 1 set) is not medically necessary.