

Case Number:	CM15-0099446		
Date Assigned:	06/01/2015	Date of Injury:	05/15/2007
Decision Date:	07/03/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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:

The injured worker is a 65 year old female, who sustained an industrial injury on 5/15/07. The injured worker has complaints of both upper extremities pain, shoulders to hands. The diagnoses have included complex regional pain syndrome and shoulder and hand syndrome. Treatment to date has included left shoulder surgery; trazodone; ibuprofen; home exercise program; acupuncture; physical therapy and transcutaneous electrical nerve stimulation unit. The request was for 6 months supply of electrodes, per 5/4/15, quantity one; 6 months supply of skin preps, per 5/4/15, quantity one; 6 months supply of batteries, per 5/4/15, quantity one and 6 months supply of lead wires, per 5/4/15, quantity one. Notes indicate that the patient's medications decrease her pain by over 50% and the tens unit reduces her pain by over 50%. The patient's pain is rated as 7-8/10 and average pain score is 7-8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 months supply of Electrodes, per 05/04/15, QTY: 1: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for Electrodes, 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, no documentation of objective functional improvement from the tens unit use, no statement indicating how frequently the unit is used, and there is some conflict regarding the degree of improvement from the unit (notes say that the medication reduces the pain by over 50% and the tens unit reduces the pain by over 50%, yet the patient continues to have 7-8/10 pain). 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 are not medically necessary.

6 months supply of Skin Preps, per 05/04/15, QTY: 1: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for Skin Preps, 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, no documentation of objective functional improvement from the tens unit use, no statement indicating how frequently the unit is used, and there is some conflict regarding the degree of improvement from the unit (notes say that the medication reduces the pain by over 50% and the tens unit reduces the pain by over 50%, yet the patient continues to have 7-8/10 pain). 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 Skin Preps are not medically necessary.

6 months supply of Batteries, per 05/04/15, QTY: 1: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for Batteries, 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, no documentation of objective functional improvement from the tens unit use, no statement indicating how frequently the unit is used, and there is some conflict regarding the degree of improvement from the unit (notes say that the medication reduces the pain by over 50% and the tens unit reduces the pain by over 50%, yet the patient continues to have 7-8/10 pain). 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 are not medically necessary.

6 months supply of Lead Wires, per 05/04/15, QTY: 1: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

Decision rationale: Regarding the request for Lead Wires, 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, no documentation of objective functional improvement from the tens unit use, no statement indicating how frequently the unit is used, and there is some conflict regarding the degree of improvement from the unit (notes say that the medication reduces the pain by over 50% and the tens unit reduces the pain by over 50%, yet the patient continues to have 7-8/10 pain). 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 are not medically necessary.