

Case Number:	CM13-0038536		
Date Assigned:	12/18/2013	Date of Injury:	08/16/2012
Decision Date:	02/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 47-year-old male who was injured on 10/24/10. The patient states that while he was working operating a lathe machine and picking up metal baskets weighing more than 75 lb. each, he felt severe burning pain in the left abdomen and low back. The patient reported his injury to the supervisor. The patient was headed to the hospital when the pain subsided and he decided to go home instead. The patients pain increased over time and he developed depression due to pain and was not able to perform his job. The Patient was seen at [REDACTED] in July/August of 2012 for examination. [REDACTED] saw the patient for chiropractic treatment starting on September 24, 2012. The patient underwent MRI of the lumbar spine. The patient continued to experience worsening of his symptoms and underwent ultrasound study which revealed a hernia. He was prescribed Vicodin and surgery was recommended. The patient indicated that the medication that he was taking for his work related injury produced gastrointestinal distress. On December 28, 2012 the patient underwent hernia surgery. He indicates that the surgery was successful. The patient continued to undergo physical therapy which provided temporary relief of his low back symptomatology. His last physical therapy sessions took place on March 12 or 13, 2013. 9/3/13 Progress note was handwritten and not completely legible. It documented severe LBP with radiation. The patient also complained of pain in the right lower part of the abdomen. Physical examination revealed antalgic gait on the right; limited range of motion with pain in the lumbar spine; positive right straight leg raising; 5/5 strength. The patient was pending x-rays. 7/1/13 progress note by [REDACTED], primary treating physician and orthopedic surgeon stated that the patient has severe pain in the thoracic and lumbar spine with radiculopathy affecting both lower extremities. Physical exam revealed tenderness to palpation over the mid to lower thoracic area; limited ra

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 115-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC-Lower Back -Lumbar and Thoracic (Acute & Chronic), TENS.

Decision rationale: Regarding TENS Unit for this patient, Medical necessity is not established as guideline criteria are not met. Specifically guidelines state that a one-month trial period of the TENS unit 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 and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is little information regarding the use of a TENS unit in physical therapy, medication management, or reduction in medication use and pain with the use of a TENS unit. There is no specific duration or request for a trial. The guideline stipulates that a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted, but these were not performed in this patient.. There is insufficient documentation to establish medical necessity of TENS Unit, therefore the request is not medically necessary.