MAXIMUS Federal Services

Case Number:	CM13-0057288		
Date Assigned:	04/25/2014	Date of Injury:	12/12/2008
Decision Date:	07/11/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Occupational Medicine, 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 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/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 female who has submitted a claim for lumbosacral spine herniated disc, lumbar radiculitis, and status post lumbar spinal fusion associated with an industrial injury date of December 12, 2008. Medical records from 2013 were reviewed. The patient complained of persistent left sacroiliac joint pain. Physical examination showed tenderness over bilateral sacroiliac joint, positive Faber's and Patrick's, decreased range of motion, and decreased sensation over the left S1 dermatome. Treatment to date has included opioids, antidepressants, anticonvulsants, and muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERFERENTIAL /TENS UNIT FOR LUMBAR SPINE (DOS:11/05/2013): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 118-120.

Decision rationale: As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option.

Criteria for the use of a TENS unit include pain of at least three months duration, evidence that other appropriate pain modalities have been tried and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. Pages 118-120 state that a one-month trial of an interferential unit may be appropriate when pain is ineffectively controlled due to diminished effectiveness of medications; or unresponsive to conservative measures. In this case, the patient has persistent left sacroiliac joint pain. The rationale for the requested unit was not clearly stated because the medical records submitted were not very legible. In addition, there is no evidence of failure of oral pain medications in this case, and instructions of how the oral pain medications were taken were not documented. The patient may be non-compliant as evidenced by the urine drug screen with negative results. Furthermore, there were no reports of trial and failure of physical therapy and TENS unit. Moreover, the request did not indicate short- and long-term goals with the requested TENS unit. Finally, the request did not indicate whether the interferential/TENS unit is for rental or purchase. As such, the request is not medically necessary.