

<b>Case Number:</b>	CM14-0015133		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	07/03/2010
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 injured worker is a 49-year-old female who reported an injury on 07/03/2010. The mechanism of injury was not provided in the documentation. Per the evaluation dated 01/13/2014, the injured worker continued to report low back pain with radiation to the right lower extremity. On the physical exam, the injured worker had significant tenderness over the right posterior superior iliac spine and the Patrick's test was positive on the right posterior superior iliac. Gaenslen's test and pelvic compression provoked pain in the sacroiliac joint on the right. Sensation was intact to the lower extremities, with deep tendon reflexes at 1+ at the knee. Diagnoses for the injured worker were reported to include sacroiliac joint arthropathy, right side; fibromyalgia; lumbar spine sprain and strain with MRI findings of disc protrusions at L3-4, L4-5, and L5-S1 with multilevel neural foraminal narrowing. The Request for Authorization for medical treatment for the Transcutaneous Electrical Nerve Stimulation (TENS) unit and the [REDACTED] membership, as well as the provider's rationale for these requests, was not provided in the documentation. Previous treatments of the injured worker included chiropractic, lifting restrictions, physical therapy, cortisone injections, nerve conduction studies, epidural steroid injections, MRI, and psychiatric treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** The California MTUS Guidelines state that specific criteria is required for the use of a TENS unit. There must be evidence that other appropriate pain modalities have been tried, including medication, and failed. Other ongoing pain treatments should also be documented during the trial period. The TENS unit is appropriate for neuropathic pain. The TENS unit may be a supplement to medical treatment in the management of spasticity and spinal cord injury. The guidelines recommend a 1-month trial period of the TENS unit should be documented with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial period. A treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. There was a lack of clinical documentation regarding the efficacy of other appropriate pain modalities that have been utilized and the outcome of those modalities. The documentation submitted did not indicate the injured worker had findings that would support the rationale for the use of a TENS unit, including spasticity or spinal cord injury. There was a lack of documentation regarding a previous trial of the TENS unit and the outcome of that trial. There was a lack of documentation regarding a treatment plan, including the short and long-term goals of treatment with the TENS unit. In addition, the request did not identify the duration of use or if this was for rental or purchase. Therefore, the request for the TENS unit is not medically necessary.

██████ **MEMBERSHIP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, gym memberships.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), do not address this clinical situation. Per ODG, gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been affected, or there is a need for equipment. Plus treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools, athletic clubs, etcetera, are not considered medical treatment; and are therefore, not covered under these guidelines. There is a lack of documentation regarding the efficacy of other appropriate treatment modalities. There was a lack of documentation regarding a home-based exercise program, and the injured worker's compliance with that program. There was a lack of documentation regarding the need for any special equipment. Therefore, the request for the ████████ membership is not medically necessary.

