

Case Number:	CM14-0018334		
Date Assigned:	04/18/2014	Date of Injury:	06/27/1994
Decision Date:	10/29/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 60-year old female presenting with chronic pain following a work related injury on 06/27/1994. The claimant reported low back pain. On 01/30/2014, the claimant diagnosed with lumbar post-laminectomy syndrome, lumbar degenerative disc disease, and lumbar radiculopathy. The claimant had physical therapy and reported benefit. The claimant reported 8/10 pain that was constant, non-radiating in his right paravertebral lumbar spine. The claimant's medications included Methadone 5 mg TID. The physical exam on 01/30/2014 was non-significant. A claim was placed for referral to physical therapy for TENS Unit Trial and Fitting.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Physical Therapy for Tens Unit Trial and Fitting: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy and TENS Unit Page(s): 99 and 114.

Decision rationale: Referral to Physical Therapy for Tens Unit Trial and Fitting is not medically necessary. Page 99 of CA MTUS states " physical therapy should allow for fading of treatment

frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks is recommended. The claimant's medical records documents that he had prior physical therapy visits without long term benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy. Finally, Page 114 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program; therefore, the request is not medically necessary.