

Case Number:	CM14-0019221		
Date Assigned:	04/21/2014	Date of Injury:	02/14/2010
Decision Date:	07/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 71 year old female with a work injury dated 2/14/10. Her diagnoses include chronic central low back pain with multilevel mild degenerative disk changes and marrow edema at right sacrum near the sacroiliac joint with possible fracture line. There is a request for a TENS unit 30 day trial. There is an 11/21/13 acupuncture note that states that the patient has "occasional shooting sensations into bilateral digits 3, 4." There is a 12/11/13 primary treating physician report which states that the patient has persistent right thigh pain. She continues to do well on the current medication regimen. She does need a refill of her Norco for 4 months. She continues to walk for exercise. She continues to work full time. Her current medications include Norco, Lidoderm patch 5%, and quinine sulfate. On objective findings the documentation states there is no change. The 8/7/13 primary treating physician report states that on physical exam the patient has tenderness throughout the lumbar paraspinal muscles as well as the lateral thigh. Per the 4/22/13 AME evaluation the patient had an injury on 2/14/10 to her right posterior thigh, followed shortly by extensive ecchymoses and symptoms of numbness and tingling in the right foot. Treatment has been conservative and has included physical therapy and acupuncture. Six months or so after the date of injury she developed low back pain as well, also on the right side, not inconsistent with a strain to the right sacroiliac joint, already compromised by preexisting degenerative change. She was off work for about three weeks but returned to her usual and customary job. Per the AME the EMG/NCV performed 4/10/13 was completely normal with respect to the right -lower extremity. Per AME physician it was felt that it seems most likely that at the time of her injury she tore the hamstrings on her right posterior thigh and stretched the right peroneal nerve, developing neuralgic symptoms consistent with a neuropraxia of the peroneal nerve into the dorsum of her right foot. Having strained the right already degenerative

sacroiliac joint, she developed low back pain, and the symptoms of pain, numbness, and tingling into the right lower extremity persisted. A 4/22/13 AME report states that the patient's "current residual permanent disability stems from a combination of her preexisting degenerative arthritis - in the right sacroiliac joint, lit up by the subject injury, symptoms of pain, spasm and tightness in her right thigh, and pain referred all the way to her right foot associated with some numbness and tingling in a peroneal nerve distribution, none of which were present prior to the subject injury." A 1/23/14 acupuncture progress report indicates that the patient reports experiencing much less pain intensity with the last acupuncture treatment. The patient has experienced increased mild strength in her low back and right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT 30 DAY TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: A criterion of the use of TENS is chronic intractable neuropathic pain. The documentations indicate discussion of thigh pain however the only mention of neuropathic type symptoms are an 11/21/13 acupuncture report which states that the patient has "occasional shooting sensations in bilateral digits 3,4. Additionally a 4/22/13 AME report indicates that the patient has pain referred all the way to her right foot associated with some numbness and tingling in a peroneal nerve distribution. A more recent documentation dated 1/23/14 indicates that the patient indicates an improvement in pain intensity from acupuncture. The documentation does not support recent evidence of chronic intractable neuropathic pain or other conditions in which a TENS unit can be used such as multiple sclerosis, phantom limb pain. The documentation does not indicate a treatment plan with short and long term goals. The request for a TENS unit 30 day trial is not medically necessary.