

Case Number:	CM14-0043715		
Date Assigned:	07/02/2014	Date of Injury:	05/30/2013
Decision Date:	08/20/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/10/2014

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 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 claimant injured her back on 05/30/13 when she lifted a heavy box. A right hip MRI and purchase of a TENS unit are under review. She has ongoing pain. On 06/12/13, she return to work with no restrictions. She had x-rays of the right hip on 08/30/13 that were negative. There was a congenital anomaly involving the proximal right femur and superior labrum of the right acetabulum. There was mild narrowing of the right hip joint space. On 08/30/13, she had pain in her mid and lower back and both hips. Her low back was examined but not her hips. She was to commence a home exercise program and was given medication. An MRI was ordered on 09/05/13. Her back was examined but not her hips. On 09/27/13, she reported worsening pain. Again her hips were not examined. An MRI of the lumbar spine showed a posterior disc protrusion at L4-5 and L5-S1. On 10/10/13, she saw [REDACTED] for low back pain radiating to her buttocks. She was status post a right knee replacement. She was diagnosed with arthritis of the hip and knee. Her hips had full painless range of motion. On 10/18/13, she saw [REDACTED] again. She had ongoing dull low-grade pain in her back. Again the hips were not examined. Epidural steroid injections were under consideration. On 12/05/13, she had completed 2 sessions of chiropractic and a couple of sessions of PT. She had not done all of the treatment. She was not following through. She had difficulty with transportation and finances. Her back was examined but not her hips. The same occurred on 01/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hip Magnetic Resonance Imaging (MRI): 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), Hip and Pelvis, MRI.

Decision rationale: The history and documentation do not objectively support the request for an MRI of the right hip at this time. The MTUS do not specifically address MRI of the hip. The ODG state "indications for imaging -- Magnetic resonance imaging: Osseous, articular or soft-tissue abnormalities Osteonecrosis Occult acute and stress fracture Acute and chronic soft-tissue injuries Tumors Exceptions for MRI Suspected osteoid osteoma (See CT) Labral tears (use MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets)" In this case, there is no evidence of a trial and failure of a reasonable course of conservative care, including an exercise program, local modalities, and the judicious use of medications targeting the right hip. There are no new or progressive focal deficits on physical examination for which this type of imaging study appears to be indicated. On multiple occasions, the hip was either normal on examination or was not examined at all. There is no evidence that urgent or emergent surgery is under consideration. The medical necessity of this request for an MRI of the right hip has not been clearly demonstrated.

Purchase of Transcutaneous Electrical Nerve Stimulation (TENS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulator Page(s): 146.

Decision rationale: The history and documentation do not objectively support the request for purchase of a TENS unit. The MTUS state "TENS, chronic pain (transcutaneous electrical nerve stimulation) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence

for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).
Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)." In this case, there is no evidence of a successful short term trial of TENS in conjunction with an ongoing exercise program. Purchase cannot be supported without a successful trial followed by a reassessment of objective measurable or functional improvement. Use of TENS is not a standalone treatment and can only be recommended in conjunction with active rehab efforts. The medical necessity of a TENS unit purchase has not been clearly demonstrated.