

Case Number:	CM14-0057246		
Date Assigned:	07/09/2014	Date of Injury:	03/26/2013
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 and is licensed to practice in Nevada. 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 30-year-old gentleman who was reportedly injured on March 26, 2013. The mechanism of injury was noted as falling backwards off a step. The most recent progress note, dated March 30, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities. The patient's current medications include Zanaflex, Vicoprofen, Ambien and an antidepressant. The physical examination demonstrated tenderness from T6 down to the sacrum. There was decreased motion of the thoracic and lumbar spine. A neurological examination indicated decreased sensation at the L5 and S1 dermatomes on the left. There was normal muscle strength and reflexes of the lower extremities. Diagnostic imaging studies of the lumbar spine showed disc bulging at L4-L5 and L5-S1. Previous treatment included physical therapy and chiropractic care. A request was made for the use of a transcutaneous electrical nerve stimulation unit and a sacroiliac joint injection and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous electrical nerve stimulator (TENS) X 6 months (electrode and batteries, 6 month supply): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the use of a transcutaneous electrical nerve stimulator is indicated if used as an adjunct to a program of evidence-based functional restoration and if there is evidence that other appropriate pain modalities have been tried and failed. According to the medical record, there is no documentation that the injured employee is currently participating in any type of therapy nor is there documentation that previous treatment methods have been tried and failed. Additionally, initial treatment with a transcutaneous electrical nerve stimulation unit should include a one-month trial. For these reasons this request for a transcutaneous electrical nerve stimulator for six months is not medically necessary.

Bursa/Joint Tendon injection of left Sacroiliac: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Sacroiliac Joint Blocks.

Decision rationale: As with the request for a transcutaneous electrical nerve stimulation unit for the sacroiliac joint is only recommended if previous attempts of conservative therapy have been tried and failed including physical therapy, home exercise, and medication management. Considering this, the request for a bursa/joint tendon injection of the left sacroiliac is not medically necessary.