

Case Number:	CM14-0070093		
Date Assigned:	07/14/2014	Date of Injury:	11/20/2012
Decision Date:	09/18/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/15/2014

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 injured worker is a 34-year-old female with a 11/20/12 date of injury, when she slipped and fell on a wet floor and injured her lumbar spine and fractured her coccyx. The periodic progress report dated 4/7/14 stated that the patient was applying the TENS unit on her back in physical therapy (PT) and it had been effective. The patient's activities of daily living were limited due to pain. The injured worker was indicated to have had a lumbar MRI on 12/20/13 (the radiology report was not provided) which demonstrated L5-S1 desiccation and mild bulging. The periodic progress report dated 6/2/14 stated that the injured worker's activities of daily living (ADLs) remained unlimited due to her chronic pain. Physical Therapy reduced the patient's pain until she resumed work-related activities of repetitive lower back twisting, which provoked lower back pain and sacroiliac joint pain. Exam findings revealed normal gait and the patient was able to toe and heel walk with no signs of weakness. The range of motion of the lumbosacral spine was decreased. There was tenderness to palpation in the right and left sacroiliac joints, right piriformis muscle and right and left coccyx. The motor strength was 5/5 in all muscle groups in the lower extremities bilaterally and the sensation was 5/5 in L4-S1 except the left S1 where the sensation was 4/5. The patient was advised to work with restrictions. The diagnosis is coccygeal fracture, sacroiliac joint strain, L5-S1 disc dysfunction and coccyx pain. Treatment to date: physical therapy (PT), independent home exercise program and medications. An adverse determination was received on 4/28/14 given that there was no indication that the patient has had an adequate home-based TENS trial with documentation of outcomes in terms of pain relief and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Lumbar: 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 TENS UNIT Page(s): 114-116.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. However, there is little information regarding this patient's treatment history of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is a lack of documentation indicating how often the patient used a TENS unit and there is a lack of documented objective functional gains with regards to the treatment. In addition, there is no specific duration or request for a trial. Therefore, the request for TENS Unit Lumbar was not medically necessary.