

Case Number:	CM13-0034834		
Date Assigned:	12/11/2013	Date of Injury:	05/07/2009
Decision Date:	01/30/2015	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Interventional Spine 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 patient is a 56 year old male with an injury date of 05/07/09. As per progress report dated 09/03/13, the patient complains of pain in the lower back that radiates into his right leg/hamstring area causing pain, numbness, and tingling in right buttocks and lower back. Physical examination revealed short-step gait along with 1+ midline tenderness. In progress report dated 08/07/13, the patient rates his pain as 8/10. He also complains of anxiety, depression and insomnia along with umbilical and inguinal hernias. Physical examination revealed positive straight leg raise, Kemp's test, Valsalva test, and Braggard's test bilaterally and Minor's sign on the right. There is decreased sensation along L4 and L5 dermatome bilaterally. In progress report dated 09/26/13, the patient complains of pain in the abdominal area. He is status post bowel obstruction surgery in 2011 and was diagnosed with abdominal incisional hernia during the visit. Medications, as per progress report dated 09/26/13, include Cyclobenzaprine, Pantoprazole, Tramadol, and Fiber tabs. The patient has also received multiple injections for the back with significant relief, as per progress report dated 08/07/13. The patient has not worked since the date of the injury and is currently receiving permanent disability advances, as per progress report dated 09/03/13. MRI of the Lumbar Spine, 03/05/12, as per AME report dated 09/03/13: 2 mm retrolisthesis of L3 relative to L4; Two surgical clips in the abdomen along with partially visualized degeneration of bilateral hip joints; X-ray of the Lumbar Spine, as per AME report dated 09/03/13: 80% decrease in disc space at L5-S1 with increase of normal lordosis and mild degenerative changes. X-ray of the Pelvis, as per AME report dated 09/03/13: Moderate to severe osteoarthritis of the left hip. Diagnoses, 09/03/13: Left hip osteoarthritis; Chronic lumbar strain, ventral; Recurrent hernia versus diastasis recti. The treating physician is requesting for

purchase of TENS Unit. The utilization review determination being challenged is dated 09/30/13. Treatment reports were provided from 04/02/13 - 09/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back and Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116.

Decision rationale: The patient presents with pain in the lower back that radiates into his right leg/hamstring area causing pain, numbness, and tingling in right buttocks and lower back, as per AME report dated 09/03/13. The request is for purchase of TENS Unit. The pain is rated at 8/10, as per progress report dated 08/07/13. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) 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; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Criteria for Use of TENS Unit on page 116 and state that "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." Also, the recommended trial period is for only 30 days. While the patient suffers from chronic pain, there is no indication of neuropathy. The treating physician mentions other treatment modalities but does not discuss their impact on patient's pain and function. Additionally, the treating physician requests for a TENS unit in progress report dated 08/07/13 "to reduce pain," but does not document a prior one-month trial and its outcome. There is no treatment plan with short- and long-term goals. This request is not medically necessary.