

Case Number:	CM14-0196899		
Date Assigned:	12/04/2014	Date of Injury:	02/28/2005
Decision Date:	01/16/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	11/24/2014

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 Internal 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 (IW) is a 34-year-old woman with a date of injury of February 28, 2005. The mechanism of injury was not documented in the medical record. The current diagnosis is status post left hip arthroscopic femoroplasty, acetabuloplasty, labral repair and synovectomy. The IW underwent left hip arthroscopic surgery August 21, 2014. Pursuant to the progress noted dated September 3, 2014, the IW continues to complain of mild foot numbness left hip pain and lower back pain. She states that she fell twice since surgery. Physical examination reveals no effusion, erythema, or warmth. Portal sites are without drainage. Sutures were removed and steris trips were places. No significant swelling noted. Physical examination dated October 2, 2014 showed spasm and tenderness to the paravertebral muscles of the cervical and lumbosacral spine with decreased range of motion, flexion, and extension of both the cervical and lumbosacral spine. There is decreased sensation with pain noted at L4, L5 and S1 dermatomes bilaterally. There were 2 conflicting progress notes in the medical record, one date September 2014, and October 2014. The September 2014 note indicated that the IW is no participating in physical therapy, and the October 2014 notes states continue physical therapy. The PT is being applied to the left hip. There is no documentation the IW is receiving PT to the lumbar spine. The current request is for TENS unit for the lumbar spine (rental or purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for the lumbar spine (rental or purchase unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for the lumbar spine (rental versus purchase unknown) is not medically necessary. TENS, chronic pain is not recommended as a primary treatment modality, but a one month home-based based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The criteria for TENS use are enumerated in the Official Disability Guidelines. They include, but are not limited to, evidence that other appropriate pain modalities have been tried (including medication) and failed; a one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach; a treatment plan including specific short and long-term goals of treatment with the TENS unit; etc. In this case, the injured worker is a 34-year-old woman with a date of injury February 28, 2005. The injured worker still complains of left hip pain as well as lower back pain. She has undergone left hip arthroscopy on August 21, 2014. She received medication as well as physical therapy. TENS unit is not recommended as the primary treatment modality, but in 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. There are two conflicting progress notes in the record. The September 2014 progress note indicates no physical therapy and the October 2014 note states continue physical therapy. Physical therapy is being applied to the left hip. There is no documentation of ongoing physical therapy the lumbar spine. Additionally, there is no treatment plans including specific short and long-term goals of treatment associated with the tens unit. There is no documentation that the TENS unit is to be used as an adjunct to a program of evidence-based functional restoration with regard to the lumbar spine. Utilization review documentation does not indicate whether the TENS unit is for rental or purchase. The TENS unit one month trial is for rental pending the outcome of the trial. Consequently, absent the specific short long-term goals of treatment with the tens unit, no documentation supporting an adjunct program of evidence-based functional restoration and specifics regarding rental for the trial period, TENS unit for the lumbar spine (rental versus purchase unknown) is not medically necessary.