

Case Number:	CM14-0199452		
Date Assigned:	12/09/2014	Date of Injury:	08/03/2013
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/28/2014

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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 25 year old female with a work injury dated 8/3/13. The diagnoses include lumbar spine sprain and degenerative disc disease of lumbar spine. Under consideration are requests for electrode 1.75 inches x 1.75inches select care digital TENS unit indefinite rental. A 7/29/14 progress note states that this is a right-handed woman who states that on the date of injury, she was carrying a large block of about 75 pounds and she turned the wrong way. She heard a crack in her back and she states since then, she has had a lot of pain. The patient complains of her low back pain. She rates her pain as a 9/10 today, the lowest is 8 and the highest is 10/10. She describes her pain as constant, shooting, and achy pain in her low back with radiation to her bilateral buttocks, right more than left, to her hips and to the right posterior thigh. Also, she said her pain is associated with numbness of her lower extremities. She states that the following activities make her pain worse, any movement. The following activity makes her pain better, pain medication. The patient states that she had physical therapy 12 sessions. She had chiropractor evaluation six times. She had an MRI and is being evaluated by an orthopedic surgeon. She states that none of the treatments have helped her significantly to alleviate her pain. On exam there is tenderness over bilateral paraspinal muscles, severe. The patient's range of motion is limited and restricted to 15 degrees in flexion and extension is restricted to 5 degrees. The patient is tender to palpation in sacroiliac joint on the right and right hip. Motor exam shows +3 in lower extremities. Muscle tone is normal and symmetrical in all four extremities. Sensory Examination shows decreased light touch in the right foot and posterior leg. Straight leg raise is positive on the right and Patrick's test is positive on the right. The treatment plan included a request authorization for the TENS unit, trial of 30 days; chiropractic care' restarting Norco, Flexeril, Dendracin, and possible medial branch block at L5-S1 bilaterally in the future. There is a progress note dated 10/21/14 that states that the lumbar MRI was reviewed and will refer to

ortho for possible surgery. Per exam low pain with limited range using cane to ambulate, sensory decreased at L5/S1 left, straight leg positive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrode 1.75 inches x 1.75inches Select care digital TENS unit indefinite rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Electrode 1.75 inches x 1.75inches Select care digital TENS unit indefinite rental is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The 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. The documentation does not indicate the documentation of how often the unit was used and terms of pain relief or function. The MTUS Guidelines recommend a treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. The request for electrode 1.75 inches x 1.75inches Select care digital TENS unit indefinite rental is not medically necessary.