

Case Number:	CM15-0162618		
Date Assigned:	09/04/2015	Date of Injury:	10/29/2014
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 10-29-2014. Diagnoses include sprain hip and thigh NOS and bursitis NEC. Treatment to date has included conservative treatment including transcutaneous electrical nerve stimulation (TENS), work limitations and medications. Per the Primary Treating Physician's Progress Report dated 7-20-2015, the injured worker reported continued moderate to severe pain in the bilateral hips. Gabapentin caused excessive drowsiness so he discontinued it. TENS unit reduces pain. Physical examination revealed a tendon gait with reduced stride length, not limping. He is unable to squat due to bilateral hip pain. There was right greater than left buttock pain when bending to touch the toes. There was no lumbar spine tenderness and full range of motion. There was tenderness to the bilateral sciatic notch and trochanteric area of the hips, right greater than left. He reported pain with range of motion of the bilateral hips. Magnetic resonance imaging (MRI) of the left hip was read as hip osteoarthritis and a small joint effusion. The plan of care included reimbursement of a home TENS unit that the injured worker purchased. Authorization was requested for a TENS unit purchase for left hip pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit purchase for left hip pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The patient presents with bilateral hip pain. The request is for TENS UNIT PURCHASE FOR LEFT HIP PAIN. The request for authorization is dated 07/20/15. MRI of the lumbar spine, 04/28/15, shows L3-4 annular bulge with a small central annular tear; no evidence of significant central canal stenosis or impingement on exiting nerve roots. Physical examination reveals the patient is unable to squat due to bilateral hip pain. There is tenderness over the bilateral sciatic notch area right greater than left. There is tenderness over the right greater than left trochanteric area of the hips. The patient complains of pain with range of motion. Per progress report dated 07/20/15, the patient is returned to modified work. MTUS, TENS, chronic pain (transcutaneous electrical nerve stimulation) Section, pages 114-121 states: "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. For the conditions described below". The guideline states the conditions that TENS can be used for are: Neuropathic pain, Phantom limb pain and CRPS II, Spasticity, and Multiple sclerosis (MS). Per progress report dated 06/18/15, treater's reason for the request is "The patient states that he purchased a TENS unit which he uses 2-3 times a day to help control his pain. The patient states that he gets reduced pain while using the TENS unit but no lasting relief." MTUS requires documentation of one month prior to dispensing home units. Guidelines also require documentation of use of TENS, as an adjunct to other treatment modalities, within a functional restoration approach. In this case, although the patient has personally used a TENS unit, there is no record that patient has trialed a TENS unit in the past under the supervision of a medical provider to document the efficacy of its use, and a trial would be indicated. Therefore, the request IS NOT medically necessary.