

Case Number:	CM15-0167904		
Date Assigned:	09/08/2015	Date of Injury:	07/22/2013
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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, Hawaii
 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 30 year old male, who sustained an industrial injury on 7-22-13. He reported neck and lower back pain. The injured worker was diagnosed as having cervicgia, lumbago, and spasm of muscle. Treatment to date has included multiple trigger point injections, physical therapy, TENS, acupuncture, heat application, and medication. Physical examination findings on 8-12-15 included decreased and painful cervical spine range of motion with paravertebral muscles spasm and tenderness. Lumbar spine range of motion was decreased with paravertebral muscles tenderness. Currently, the injured worker complains of pain in the neck, shoulders, bilateral upper extremities, low back, and bilateral lower extremities. Abdominal pain, bilateral elbow pain, upper back pain, thoracic pain, bilateral knee pain, bilateral hip pain, bilateral ankle pain, and bilateral knee pain was also noted. The treating physician requested authorization for the purchase of a TENS unit that can be plugged into the wall outlet for the cervical and lumbar spine. Other requests included a functional restoration program evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit that can be plugged into the wall outlet purchase for the lumbar and cervical spine: 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 pain affecting the neck, bilateral shoulders, bilateral upper extremities, low back, and bilateral lower extremities. The current request is for TENS unit that can be plugged into the wall outlet purchase for the lumbar and cervical spine. The treating physician report dated 8/12/15 (153B) states, "He notes that he uses TENS unit with some benefit but when he uses at high intensity her gets very sore." The report goes on to state, "He wants a TENS machine that he can plug in so that he can use an outlet." Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. There is no evidence in the documents provided that shows the patient has previously been prescribed a TENS unit for a one month trial as indicated by MTUS. In this case, there is documentation that the patient has used a TENS unit with some benefit but it is unclear if the patient currently owns a unit. Furthermore, while a one month trial would be reasonable and within the MTUS guidelines, there is no indication of a designated time period the TENS unit would be used for therapeutic use. The current request does not satisfy MTUS guidelines as outlined on page 114. The current request is not medically necessary.

Functional Restoration Program Evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

Decision rationale: The patient presents with pain affecting the neck, bilateral shoulder, bilateral upper extremities, low back, and bilateral lower extremities. The current request is for Functional Restoration Program Evaluation. The treating physician report dated 8/12/15 (153B) states, "I hope that he can be authorized to see one of these two pain specialists for a one time consult for their FRP program and in despite that even an FRP program may not be the right thing for this patient because he is so excessively focused on his symptoms and his somatic complaints that it will take a significant cognitive restructuring to change his emotions and cognition." The MTUS guidelines recommend functional restoration programs. Furthermore the ACOEM guidelines support referral to a specialist to aid in complex issues. In this case, the treating physician feels that an evaluation for an FRP program is the logical next step in treating the patient's symptoms as the patient has seen multiple physicians and has failed all conservative treatments. Furthermore, the patient is excessively focused on his symptoms and the treating

physician feels that the patient is in need of significant cognitive restructuring to change his emotions and cognition. Additionally, the treating physician feels that a Functional Restoration Program will help the patient achieve these goals. The current request is medically necessary.