

Case Number:	CM15-0203329		
Date Assigned:	10/20/2015	Date of Injury:	07/20/2015
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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 21 year old male who sustained an industrial injury July 20, 2015. Diagnoses are cervical and thoracic musculoligamentous sprain, strain; lumbar musculoligamentous sprain, strain with right lower extremity radiculitis, and 3-4mm disc protrusion and stenosis L5-S1 per MRI 07-29-2015 (report not present in the medical record); bilateral knee sprain and patellofemoral arthralgia; bilateral plantar fasciitis. According to the doctor's first report of injury dated August 6, 2015, the injured worker presented with neck pain radiating to the bilateral shoulders; mid back pain, low back pain radiating to the bilateral lower extremities and bilateral knee and foot pain. Objective findings included; cervical spine-tenderness to palpation, slight muscle spasm and guarding over the paraspinal musculature and bilateral upper trapezius; thoracic spine-tenderness to palpation and slight muscle spasm and guarding, right side greater than left; lumbar spine-tenderness to palpation slight to mild spasm and guarding paraspinal and lumbosacral junction, straight leg raise is positive on the right; knees-tenderness over the patellar tendon and medial joint line on the right and over the peripatellar region and lateral joint lines bilaterally; bilateral feet-tenderness over the plantar fascia bilaterally, range of motion is full; sensory is decreased over the L5 dermatomal pattern of the right lower extremity and in a patchy non-dermatomal pattern in the left lower extremity; ambulates with a slight limp, favoring the right lower extremity. Treatment plan included certified physical therapy times 8 sessions and at issue, a request for authorization dated August 6, 2015, for a TENS(transcutaneous electrical nerve stimulation) unit. According to utilization review dated September 24, 2015, the request for (8) Sessions of Physical Therapy for the

cervical, thoracic, and lumbar spine, bilateral knees and bilateral feet is certified. The request for (1) TENS unit is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

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

Decision rationale: The current request is for a TENS Unit. The RFA is dated 08/06/15. Treatment history included physical therapy, chiropractic treatments, and medications. The patient is not working. MTUS Guidelines, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS 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... Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration; There is evidence that other appropriate pain modalities have been tried (including medication) and failed; 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; Other ongoing pain treatment should also be documented during the trial period including medication usage; A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary." According to the Doctor's First Report dated 08/06/15, the patient presents with neck pain radiating to the bilateral shoulders, mid back pain, low back pain radiating to the bilateral lower extremities and bilateral knee and foot pain. The patient was diagnosed with cervical and thoracic musculoligamentous sprain, strain, lumbar musculoligamentous sprain, strain with right lower extremity radiculitis, bilateral knee sprain and patellofemoral arthralgia, and bilateral plantar fasciitis. Treatment plan included physical therapy times 8 sessions, and a "TENS unit for pain management." In this case, there is no documentation of a 30-day trial prior to purchase. The request, as is, without specifying duration of trial is not in accordance with guidelines. In addition, MTUS states that a one month trial may be considered after, "documentation of pain of at least three months duration." This patient's date of injury is July 20, 2015, and the request was made less than one month since injury. Therefore, the request is not medically necessary.