

Case Number:	CM15-0206300		
Date Assigned:	10/23/2015	Date of Injury:	07/30/2013
Decision Date:	12/08/2015	UR Denial Date:	10/03/2015
Priority:	Standard	Application Received:	10/20/2015

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: Preventive Medicine, Occupational Medicine

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 35 year old female with an industrial injury dated 07-30-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine sprain and strain and right hip sprain and strain. According to the progress note dated 09-05-2013, the injured worker presented with low back pain and right hip pain. The injured worker reported "dull, boring low back pain, greater on the right side." The injured worker reported that prolonged sitting aggravates the pain, standing, walking, bending, and arising from sitting position, stairs, stooping and with activities of daily living. Pain level was 6-7 out of 10 on a visual analog scale (VAS). Objective findings (09-05-2013) revealed antalgic gait, ability to squat to approximately 40% of normal due to pain, tenderness to palpitation at the right posterior superior iliac spine, right sided lumbar paraspinal muscle guarding, tenderness to palpitation at L4 and L5, and positive straight leg raises on the right. Treatment has included diagnostic studies, prescribed medications, at least 2 sessions of physical therapy and periodic follow up visits. The utilization review dated 10-03-2015, non-certified the request for retrospective review of DME (durable medical equipment) 6 month extended rental of TENS - EMS unit for home use for the lumbar spine for date of service 09-05-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of DME 6 month extended rental of DENS - EMS unit for home use for the lumbar spine for date of service 09/05/2013: 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 use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, 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, and a treatment plan including specific short and long term goals of treatment. In this case, this request for a six-month extension of home TENS unit rental came secondary to a recent surgery. The injured worker had only participated in a few physical therapy appointments at that time. It was not evident, at that point, that the injured worker had failed with other treatment modalities such as medications that soon after surgery. The request for retrospective review of DME 6 month extended rental of DENS - EMS unit for home use for the lumbar spine for date of service 09/05/2013 is determined to not be medically necessary.