

Case Number:	CM15-0221104		
Date Assigned:	11/16/2015	Date of Injury:	02/28/2002
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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 55 year old female, who sustained an industrial injury on 2-28-2002. The injured worker is being treated for lumbar disc displacement without myelopathy. Treatment to date has included diagnostics, medications, chiropractic, injections, acupuncture, and physical therapy. Per the Primary Treating Physician's Progress Report dated 9-16-2015, the injured worker presented for a follow-up visit of chronic neck, head, low back, bilateral shoulder bilateral knee and bilateral hip pain. She reported that she continues to have persistent pain in multiple body parts. She reported neck pain radiating to her right hand, and persistent back pain radiating to her hip. She has completed about 8-9 physical therapy sessions and does feel that it has been helpful. She states that her pain is reduced from 8 out of 10 to 6 out of 10. Objective findings included tenderness and hypertonicity of the paravertebral muscles of the lumbar spine. Trapezius muscle exam avowed tenderness, hypertonicity and a tight muscle band. There was spasm and guarding of the lumbar spine. Per the medical records dated submitted, there is no documentation of functional improvement, including improvement in symptoms, increase in activities of daily living or decrease in pain level with prior TENS unit. There is no documentation that the IW is participating in a comprehensive rehabilitation program. Work status was "permanent and stationary." The plan of care included, and authorization was requested on 10-29-2015 for 30 day trial of TENS unit. On 11-02-2015, Utilization Review non-certified the request for 30 day trial of TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of TENS unit: Overturned

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 patient was injured on 02/28/02 and presents with neck pain and low back pain. The request is for a 30 day trial of tens unit. The utilization review rationale is that there is no documentation to indicate that a home based TENS unit trial will be successful. The RFA is dated 10/29/15 and the patient is permanent and stationary. Review of the reports provided does not indicate if the patient had any prior TENS unit use. MTUS Guidelines, Transcutaneous Electrotherapy section, page 116 states that TENS unit have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a 1-month home-based trial may be considered for a specific diagnosis of neuropathy, CRPS, spasticity, a phantom limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with the documentation of functional improvement, additional usage maybe indicated. The patient is diagnosed with lumbar disc displacement without myelopathy. Treatment to date includes diagnostics, medications, chiropractic, injections, acupuncture, and physical therapy. The reason for the request is not provided and there is no mention of the patient previously using the TENS unit for a 1-month trial as required by MTUS guidelines. A trial of TENS appears reasonable. Therefore, the request is medically necessary.