

Case Number:	CM15-0042031		
Date Assigned:	03/12/2015	Date of Injury:	05/24/2011
Decision Date:	04/15/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained a work/ industrial injury on 5/24/11. He has reported initial symptoms of low back pain. The injured worker was diagnosed as having lumbar strain, degenerative disc disease at L4-5 and L5-S1 and spinal stenosis. Treatments to date included medication, bilateral sacroiliac joint injection, and activity modification. Currently, the injured worker complains of bilateral lower back pain and buttock pain. The treating physician's report (PR-2) from 1/21/15 indicated per examination that there was tenderness upon palpation of the lumbar paraspinal muscles overlying the right L3-S1 facet joints, and bilateral sacroiliac joints. Lumbar range of motion was restricted by pain in all directions. Lumbar extension was worse than extension. Lumbar facet joint provocative maneuvers were positive. Sacral provocative maneuvers including Gaenslen's, Patrick's, and pressure at the sacral sulcus were positive bilaterally. Nerve root tension signs were negative. Muscle strength was 5/5. Diagnoses were bilateral sacroiliitis, left/right sacroiliac joint pain, right L3-S1 facet joint pain, lumbar disc protrusion and stenosis, lumbar facet joint arthropathy, lumbar strain/sprain, and exacerbation of pre-existing depression due to chronic pain. Medications included Nucynta and Cymbalta. Prior medications were Ibuprofen, Hydrocodone, Tylenol #3, Relafen, Ambien, and Morphine Sulfate IR. Treatment plan included a 30 day TENS Unit Trial to treat the chronic pain, continue meds, and activity modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day TENS Unit Trial: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The claimant is nearly 4 years status post work-related injury and continues to be treated for chronic bilateral low back pain and buttock pain. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. Therefore, a 30-day trial of TENS was medically necessary.