

Case Number:	CM15-0062116		
Date Assigned:	04/08/2015	Date of Injury:	08/23/2012
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/02/2015

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: North Carolina Certification(s)/Specialty: Family Practice

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 29 year old female, who sustained an industrial injury on August 23, 2012. She reported turning, striking her right knee and falling. The injured worker was diagnosed as having lumbar spine myofasciitis injury with right lower extremity radicular symptoms, right knee sprain/strain, and medication induced gastritis. Treatment to date has included lumbar spine MRI, back support, physical therapy, chiropractic treatments, right knee MRI, lumbar spine epidural injections, right knee cortisone injection, Synvisc injection to the right knee, electromyography (EMG)/nerve conduction velocity (NCV), and medication. Currently, the injured worker complains of low back pain radiating down to her right lower extremity, and pain in the right knee. The Treating Physician's report dated January 14, 2015, noted the injured worker's current medications as Norco, Anaprox, Prilosec, Xanax, Zanaflex, and Neurontin. Examination of the lumbar spine was noted to show tenderness to palpation bilaterally of the posterior lumbar musculature with decreased range of motion (ROM) with obvious muscle guarding, and numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. The straight leg raise in the modified sitting position was positive on the right when compared to the left. Sensory examination was noted to be decreased along the right posterior lateral thigh and lateral calf in approximately the L5-S1 distribution when compared to the left. Examination of the right knee revealed minimal tenderness to palpation, with mild crepitus when compared to the left knee. The injured worker received an administration of four trigger point injections with the injured worker reporting good pain relief of greater than 50% and increased range of motion (ROM) a few minutes later. The treatment plan was noted to include a refill of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential TENS unit combo purchase, electrodes x10, batteries x10 and set up and delivery: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. However, it is recommended for a one-month trial to document subjective and objective gains from the treatment. There is no provided documentation of a one-month trial period with objective measurements of improvement. Therefore criteria have not been met and the request is not certified.