

Case Number:	CM14-0145045		
Date Assigned:	09/12/2014	Date of Injury:	03/23/1992
Decision Date:	10/14/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 79 year old patient had a date of injury on 3/23/1992. The mechanism of injury was not noted. In a progress noted dated 8/11/2014, subjective findings included the patient is managing adequately her pain with the diclofenac and flector patches, reducing pain by 30%. There is no significant change since in her condition since last month. She used a TENS unit along time ago but stopped because her back had improved. On a physical exam dated 8/11/2014, objective findings included tenderness in lower lumbar spine and left lumbar paraspinal region. The patient had poor relaxation on reflex testing. The diagnostic impression shows chronic low back pain, lumbar DDD, left sided sciatica Treatment to date: medication therapy, behavioral modification, TENS unit A UR decision dated denied 9/8/2014 the request for 2 physical therapy sessions for instructions in the use of TENS unit for lumbar spine, stating that TENS unit is only considered medically appropriate for back pain in connection with other modalities and is not appropriate for monotherapy. Furthermore, her pain is adequately managed with diclofenac and flector patches, and reports no significant interval change since her last visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Physical Therapy sessions, for instructions in the use of TENS Unit, for lumbar spine:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines TENS Unit Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 114-116. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) pg 114

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. In a progress report dated 8/11/2014, the patient noted that the pain was adequately controlled with the flector patches and diflofenac. Furthermore, there was no significant objective or subjective changes noted from the previous exam to justify additional therapy. Lastly, in the reports viewed, there was discussion regarding objective functional improvements documented from previous TENS therapy treatment. Therefore, the request for 2 physical therapy sessions for instructions in how to use TENS unit is not medically necessary.