

Case Number:	CM14-0080683		
Date Assigned:	07/18/2014	Date of Injury:	04/12/2011
Decision Date:	10/03/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The injured worker is a 65-year-old female with an injury date of 04/22/2011. Based on the 04/02/2014 progress report, the injured worker complains of hip pain which she rates as a 6/10 and lower back pain which she rates as a 4/10 to 5/10. The injured worker does currently wear a back brace. The injured worker complains of having difficulty in sleeping, and has depression since her accident. She cries often, has been withdrawal from family and friends, prefers to be left alone, has problems with concentration, has dizziness, and has memory issues. The injured worker also has nausea, vomiting, inability to control the bladder, constipation, sexual dysfunction, headaches, and difficulty in performing daily activities. The injured worker has an antalgic gait and is walking with a single-point cane. She is limping, trying to favor the left lower extremity and she cannot do the heel and toe walk because of the balance. There is tenderness noted throughout the lumbar paravertebral which is worse at the L4-L5 and L5-S1 area mostly on the left side and also tenderness at the left sciatic notch. Straight leg raise test is positive at 25 degrees from sitting position bilaterally and there is weakness of the dorsiflexion as well as plantar flexion especially on the left side from sitting position. The 04/16/2014 report also indicates that the injured worker has weakness of the left lower extremity musculature, 4+ on the left side and on the right side 5+. The patient's diagnoses include the following chronic low back pain, left SI joint dysfunction and Insomnia. The utilization review determination being challenged is dated 05/20/2014. There were 2 treatment reports provided from 04/02/2014 and 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit purchase for lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): TENS, Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-116.

Decision rationale: Based on the 04/02/2014 progress report, the patient presents with hip pain and of lower back pain. The request is for a TENS (transcutaneous electrical nerve stimulation) unit purchase for lumbar spine. The 04/16/2014 progress report states the following, "Patient also states that her TENS unit is very old and is broken in pieces." MTUS Guidelines page 116 states, "A 1-month trial 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; rental would be preferred over purchase during this trial." Review of the reports shows that the patient has been using the TENS unit and needs a new one because she broke the old one. Unfortunately, there is no description in any of the reports how TENS unit has been beneficial in terms of pain reduction and functional improvement. MTUS requires documentation of efficacy for on-going treatments in chronic pain management. As such, this request is not medically necessary.