

Case Number:	CM14-0215136		
Date Assigned:	01/02/2015	Date of Injury:	11/19/2012
Decision Date:	02/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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 & Rehabn

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 patient is a 58-year-old female with an injury date of 11/19/12. Based on the 11/24/14 progress report provided by treating physician, the patient complains of low back, right hip, and right buttock pain, rated 02/10. The patient denies radiation of pain to lower extremities. Physical examination to the bilateral paralumbar and right side paralumbar muscle on 11/24/14 revealed mild and mild to moderate degrees tenderness to palpation, respectively. There were one or two trigger points on the right side and local tenderness over the right SI joint. Lumbar range of motion was reportedly unrestricted. Patient's medications include Aspirin, Orphenadrine citrate, topical Polar Frost, Motrin, and Flexeril. In addition, the patient has received trigger point and right trochanteric bursa injection, 12 acupuncture, and 12 physical therapy sessions. Per progress report dated 10/27/14, the patient is also using TENS unit every day and states that it is very helpful in decreasing her pain. Treater states that "patient is successfully using TENS unit which is beneficial for her." Patient is permanent and stationary. MRI of lumbosacral spine on 07/11/13 -Multilevel degenerative changes of the lumbar spine, more significant at level L4-L5 and L5-S1 intervertebral levels- L1-L2 intervertebral disc bulge with superimposed central disc extrusion Diagnosis 11/24/14-Lumbosacral spine sprain with spondylosis, disk bulge, and disk herniation-Right-sided sacroiliitis -Right hip trochanteric bursitis. The utilization review determination being challenged is dated 12/09/14. The rationale is "prior conservative therapy visit notes were not specified." Treatment reports were provided from 06/02/14 - 11/24/14.

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 the lumbar spine:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

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

Decision rationale: The patient presents with low back, right hip, and right buttock pain, rated 02/10. The request is for TENS unit purchase (lumbar spine). The patient denies radiation of pain to lower extremities. Physical examination to the bilateral paralumbar and right side paralumbar muscle on 11/24/14 revealed mild and mild to moderate degrees tenderness to palpation, respectively. There were one or two trigger points on the right side and local tenderness over the right SI joint. Lumbar range of motion was reportedly unrestricted. Patient's medications include Aspirin, Orphenadrine citrate, topical Polar Frost, Motrin, and Flexeril. In addition, the patient has received trigger point and right trochanteric bursa injections, 12 acupuncture, and 12 physical therapy sessions. Per progress report dated 10/27/14, the patient is also using TENS unit every day and states that it is very helpful in decreasing her pain. Patient is permanent and stationary. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Per progress report dated 11/24/14, treater states that the patient is successfully using TENS unit which is beneficial for her in reducing the pain and enabling her to maintain daily activities. Per progress report dated 10/27/14, the patient has been using TENS unit every day as an adjunct to other reported treatment modalities and states that it is very helpful in decreasing her pain to a reportedly 02/10 scale. In this case, however, the patient does not present with a diagnosis indicated for the use of TENS. MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. This patient presents with back, buttock and hip musculoskeletal pain. The request is not medically necessary.