

Case Number:	CM15-0016531		
Date Assigned:	02/04/2015	Date of Injury:	08/14/2013
Decision Date:	03/30/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported an injury on 08/14/2013 due to an unspecified mechanism of injury. On 08/26/2014, she presented for an evaluation. She reported pain in the lumbar spine rated at a constant 6/10 and frequent 9/10 to 10/10 with radiation into the lateral aspect of the left thigh and lateral more than dorsomedial aspect of the left foot. There was weakness of the left lower extremity and she reported giving way for about once a week. She also reported that she had fallen at her house when not using a cane and reported urinary incontinence since her injury as well as stress incontinence and urgencies. A physical examination showed no evidence of scoliosis or increased thoracic kyphosis. The hips and pelvis were level and there was tenderness to palpation about the left sacroiliac joint and sciatic notch. There was no paravertebral muscle guarding or spasm noted and no trigger points to palpation of the lumbar muscles. She had an antalgic gait on the left and walking on tip toes produced pain in the lumbar spine and left calf. She was able to perform an incomplete squat due to complaints of pain in the lumbar spine and left thigh. Lumbar spine range of motion was noted to be decreased with flexion at the 11 degrees, extension at 1 degree, left lateral bend at 6 degrees, and right lateral bend at 21 degrees. Deep tendon reflexes were at 2+. There was decreased sensation to the medial aspect of the left leg and lateral more than dorsomedial aspect of the left foot and motor power was decreased to a -5/5. She was diagnosed with lumbar spine sprain, left L5 sciatica with weakness. The treatment plan was for an extended TENS unit rental. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extended Rental of TENS Unit (months) QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The California MTUS Guidelines state that TENS units are recommended for a trial of 30 days after there is documentation that the injured worker has tried and failed all recommended conservative therapy options. During the TENS unit trial, there should be documentation of how often the unit was used as well as the duration of each session and information regarding outcomes in terms of pain relief and increased function. The documentation provided for review does not show how long the injured worker has been using a TENS unit. Also, documentation regarding the duration of use as well as how long each session lasted and a quantitative decrease in pain or objective improvement in function was not documented within the report. Without documentation to show that the injured worker had a satisfactory response to the use of the TENS unit, the request would not be supported. Also, the requested duration exceeds the guideline recommendations. Therefore, the request is not supported. As such, the request is not medically necessary.