

Case Number:	CM15-0018945		
Date Assigned:	02/06/2015	Date of Injury:	10/19/2014
Decision Date:	03/31/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 47 year old male, who sustained an industrial injury on 10/19/2014, secondary to a motor vehicle accident. The diagnoses have included sprain/strain of neck and right hip contusion. Treatment to date has included conservative measures. The PR2 report, dated 10/27/2014, noted unremarkable radiographic findings. Currently, the injured worker complains of intermittent pain in the low to mid back, aggravated by walking, bending, lifting, and prolonged sitting. Occasional right lower extremity numbness was noted. Intermittent right hip pain was also reported, but improved with physical therapy and home exercises. Tenderness to palpation was noted to the lumbar spine, cervical, and thoracic spine, and right hip. No range of motion deficits were noted. A successful transcutaneous electrical nerve stimulation unit trial was documented. He tolerated it well (on low back for 15 minutes) and pain was decreased to 0-1/10. Range of motion was unable to be determined. Magnetic resonance imaging of the lumbar spine, dated 1/19/2015, noted disc desiccation at T10-11 and L4-5, ventral annular tears at L3-4 and L4-5 levels, and multiple marrow lesions within the right iliac bone. On 1/21/2015, Utilization Review non-certified a request for transcutaneous electrical nerve stimulation unit for home use (right hip and lumbar spine), noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for home use (right hip and lumbar spine): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Transcutaneous Electrical Nerve Stimulation (TENS),.

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

Decision rationale: The patient presents with neck pain rated 4/10 and lumbar spine pain rated 4-5/10. The patient's date of injury is 10/19/14. Patient has no documented surgical history directed at this complaint. The request is for TENS UNIT FOR HOME USE (RIGHT HIP AND LUMBAR SPINE). The RFA is dated 01/05/15. Physical examination dated 01/05/15 reveals tenderness to the cervical paraspinal muscles bilaterally, and reduced range of motion on rotation of the neck. Lower back examination reveals tenderness to palpation of the lumbar paraspinal muscles and intermittent numbness/pain to the right lower extremity. The patient's current medication regimen was not provided. Diagnostic imaging included MRI of the lumbar spine dated 01/19/15, significant findings include: "degenerative disc desiccation T10-11 and L4-5, Ventral annular tears L3-4 and L4-5 marrow lesion with a fluid level located within the right iliac bone measures 1.7x2.2cm." Patient is currently working unrestricted duties. MTUS guidelines pages 114-116 under TENS -transcutaneous electrical nerve stimulation- for chronic pain states: "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." MTUS further states use is for neuropathic pain. In regards to the request for the purchase of a TENS unit for use in the home in the management of this patient's continuing neck and hip pain, the request appears reasonable. Progress noted dated 01/05/15 documents a successful TENS unit trial which produced a reduction in lumbar and lower extremity pain from 4-5/10 to 0-1/10. Owing to a successful and documented trial of TENS unit, the purchase of one for home use is appropriate. The request IS medically necessary.