

Case Number:	CM15-0113085		
Date Assigned:	06/19/2015	Date of Injury:	12/21/2012
Decision Date:	07/21/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female with an industrial injury dated 12/21/2012. The injured worker's diagnoses include lumbar sprain/strain, severe lumbar paraspinal muscle spasms, severe lumbar disc herniation, status post lumbar disc excision at L2-3, lumbar radiculitis/radiculopathy of the lower extremities, sacroiliitis of the left sacroiliac joint and chronic pain. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, acupuncture treatments, and periodic follow up visits. In a progress note dated 04/29/2015, the injured worker reported moderate to severe lower back pain with associated severe muscle spasms and progressive limited range of motion to the lumbar spine. The injured worker rate pain at level 8/10 reaching at level 9/10 with flare-ups. Objective findings revealed moderate distress, tenderness at L4-S1, bilateral lumbar paravertebral muscles spasm, and marked stiffness of the bilateral hips/knees. Documentation also noted severe guarding to deep palpitation on the bilateral lower extremities with associated severe myofascial pain, pain with palpitation of the left sacroiliac (SI) joint and positive bilateral straight leg raises. The treating physician prescribed services for one transcutaneous electrical nerve stimulation (TENS) unit for purchase with associated supplies (Electrodes /Batteries supply for three months) now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: The injured worker sustained a work related injury on 12/21/2012. The medical records provided indicate the diagnosis of lumbar sprain/strain, severe lumbar paraspinal muscle spasms, severe lumbar disc herniation, status post lumbar disc excision at L2-3, lumbar radiculitis/radiculopathy of the lower extremities, sacroiliitis of the left sacroiliac joint and chronic pain. Treatment consisted of prescribed medications, physical therapy, acupuncture treatments, and periodic follow up visits. The medical records provided for review do not indicate a medical necessity for One TENS unit for purchase. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. The guidelines further requires documentation of short and long term goals, the benefit derived from the equipment during the use of the unit. Also there must be a documentation of how the machine was used. Although the medical records indicate failed conservative treatment that included physical therapy, acupuncture, the records do not indicate plans to use the TENS unit as an adjunct to a functional restoration. Furthermore, there was no evidence the injured worker has been tried with a 30 day rental period. The request is not medically necessary.

Related to TENS: Electrodes supply for three months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: The injured worker sustained a work related injury on 12/21/2012. The medical records provided indicate the diagnosis of lumbar sprain/strain, severe lumbar paraspinal muscle spasms, severe lumbar disc herniation, status post lumbar disc excision at L2-3, lumbar radiculitis/radiculopathy of the lower extremities, sacroiliitis of the left sacroiliac joint and chronic pain. Treatment consisted of prescribed medications, physical therapy, acupuncture treatments, and periodic follow up visits. The medical records provided for review do not indicate a medical necessity for Related to TENS: Electrodes supply for three months. The medical records indicate this case does not meet the MTUS recommended guidelines for use of TENS unit. The request is not medically necessary.

Related to TENS: Batteries supply for three months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 116.

Decision rationale: The injured worker sustained a work related injury on 12/21/2012. The medical records provided indicate the diagnosis of lumbar sprain/strain, severe lumbar paraspinal muscle spasms, severe lumbar disc herniation, status post lumbar disc excision at L2-3, lumbar radiculitis/radiculopathy of the lower extremities, sacroiliitis of the left sacroiliac joint and chronic pain. Treatment consisted of prescribed medications, physical therapy, acupuncture treatments, and periodic follow up visits. The medical records provided for review do not indicate a medical necessity for Related to TENS: Batteries supply for three months. The medical records indicate this case does not meet the MTUS recommended guidelines for use of TENs unit. The request is not medically necessary.