

Case Number:	CM15-0123541		
Date Assigned:	07/08/2015	Date of Injury:	04/24/2012
Decision Date:	08/04/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 44 year old male who sustained an industrial injury on April 24, 2012. He has reported back pain and has been diagnosed with lower back pain and inguinal hernia. Treatment has included medications, medical imaging, a home exercise program, TENS unit, physical therapy, acupuncture, and chiropractic care. It is noted that lower back pain was increasing with pain down the right leg. There was numbness in both heels. He still has a bulge from the hernia. MRI of the lumbar spine revealed a small right foraminal disc protrusion with mass effect on the nerve root at L3-4 and L5-S1 broad based left paracentral disc protrusion with moderate mass effect on S1 nerve root. The treatment request included Ultrasound x 3 for the low back and TENS patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound x 3 for Low Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

Decision rationale: Ultrasound x 3 for the low back is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that ultrasound is not recommended as there is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing. Without evidence of long-term efficacy of ultrasound this request is not medically necessary.

TENS Patches x2 Pairs, #2 Dispensed 06-04-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: TENS Patches x 2 Pairs, #2 Dispensed 06-04-15 are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a one-month trial period 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. The guidelines state that a TENS unit can be used for neuropathic pain; CRPS; MS; spasticity; and phantom limb pain. The documentation does not indicate functional improvement or significant pain relief with prior TENS use. Furthermore, the patient complains that he feels electric shocks that he states occurs when he touches objects after he uses the TENS unit. Without evidence of efficacy the request for TENS Patches are not medically necessary.