

Case Number:	CM15-0129264		
Date Assigned:	07/15/2015	Date of Injury:	07/07/2013
Decision Date:	09/02/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/02/2015

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 (IW) is a 52-year-old male who sustained an industrial injury 07-07-2013. Diagnoses include cervical pain; low back pain; and spasm of muscle. Treatment to date has included medications, epidural steroid injections, chiropractic treatment, home exercise program and physical therapy. According to the progress notes dated 5-26-2015, the IW reported pain without medication was 6.5 out of 10. Sleep quality was fair and his activity level was decreased. On examination, his gait was slow and wide-based. Range of motion (ROM) of the cervical spine was restricted due to pain. In the cervical paravertebral muscles, tenderness and a tight muscle band was noted bilaterally. There was also tenderness in the rhomboids and the trapezius. Spurling's maneuver caused pain in the neck muscles without radicular symptoms. Lumbar ROM was also limited by pain, and tenderness and a tight muscle band was present bilaterally in the paravertebral muscles. Heel-toe walk was normal. Facet loading, straight leg raise, FABER test and Babinski's sign were all negative. There was mild effusion noted in the right knee and the medial and lateral joint lines were tender to palpation. Motor and sensory exams were within normal limits in all extremities. MRI of the lumbar spine on 1-19-2015 showed multilevel facet hypertrophy without spinal canal or foraminal stenosis and grade I retrolisthesis of L5 on S1. A request was made for GSM HD combo with HAN programs and supplies 4 lead-electrodes.

IMR ISSUES, DECISIONS AND RATIONALES

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

GSD HD Combo with HAN programs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The patient presents on 06/23/15 with right knee pain rated 6/10. The patient's date of injury is 07/07/13. Patient has no documented surgical history directed at this complaint. The request is for GSM HD combo with HAN programs. The RFA was not provided. Physical examination dated 06/23/15 reveals tenderness to palpation of the cervical and lumbar paraspinal muscles with spasms noted. Right knee examination reveals tenderness to palpation over the lateral and anterior joint lines, with mild effusion of the joint noted. The patient is currently prescribed Voltaren gel. Diagnostic imaging included lumbar MRI dated 01/19/15, significant findings include: "Mild degenerative changes. No significant canal stenosis or neural foraminal narrowing." Patient is currently working with modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states: "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." In this case, the provider is requesting a Golden State Medical TENS unit for this patient's continuing cervical, lumbar, and right knee pain. However, there is no documentation of intent to perform a 30-day trial prior to purchase. Progress notes included to not discuss prior successful trials of the requested unit. Were the request for a 30-day trial of the unit, the recommendation would be for approval. As there is no evidence of a successful 30-day trial performed previously, the request as written cannot be substantiated. Therefore, the request is not medically necessary.

Supplies 4 lead/electrodes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Equipment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-121.

Decision rationale: The patient presents on 06/23/15 with right knee pain rated 6/10. The patient's date of injury is 07/07/13. Patient has no documented surgical history directed at this complaint. The request is for supplies 4 lead/electrodes. The RFA was not provided. Physical examination dated 06/23/15 reveals tenderness to palpation of the cervical and lumbar paraspinal muscles with spasms noted. Right knee examination reveals tenderness to palpation over the lateral and anterior joint lines, with mild effusion of the joint noted. The patient is currently prescribed Voltaren gel. Diagnostic imaging included lumbar MRI dated 01/19/15, significant findings include: "Mild degenerative changes. No significant canal stenosis or neural

foraminal narrowing." Patient is currently working with modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 114-121, Criteria for the use of TENS states: "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." In regard to the request for electrodes and supplies for a home-use TENS unit, the associated unit is not supported owing to a lack of 30-day trial. Progress notes do not provide evidence that this patient has trailed the requested TENS unit for 30 days with success. MTUS guidelines require documentation of a 30-day trial of TENS units before purchase, without such documentation the purchase of associated electrodes/ supplies cannot be substantiated. Therefore, the request is not medically necessary.