

Case Number:	CM15-0179314		
Date Assigned:	09/21/2015	Date of Injury:	12/17/2014
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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: California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old woman sustained an industrial injury on 12-17-2014. The mechanism of injury is not detailed. Evaluations include an undated CT scan of the sacrum and coccyx as well as an undated MRI. Diagnoses include coccydynia, sacroiliac inflammation, and low back pain. Treatment has included oral medications, physical therapy, and chiropractic care. Physician notes dated 8-3-2015 show complaints of low back pain rated 7 out of 10 with radiation to the left lower leg that has gradually worsened. The physical examination shows poor range of motion of the lumbar spine, tenderness to palpation of the bilateral sacroiliac joints and coccyx, motor examination shows 5 out of 5 strength bilaterally, deep tendon reflexes are 2 out of 2 and symmetric, sensation is intact, and a normal gait is observed. Recommendations include Percocet, TENS unit for home use, and follow up in four weeks. Utilization Review denied a request for a TENS home unit for home use citing lacking documentation of at least three months of therapy, evidence of other appropriate modalities including medications have failed, a one month trial of TENS unit therapy, other ongoing treatments, and a specific treatment plan with short and long term goals. The most recent exam notes that a one month trial is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with supplies for the low back - purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: According to the CA MUTS guidelines, TENS, (transcutaneous electrical nerve stimulation) is 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. In this case, Utilization Review non-certified this request as a purchase noting lack of a trial. The most recent examination narrative notes that a one month trial is requested. While a one month trial would be supported to determine efficacy, functional improvement and decrease in medication use with the utilization of this unit, modification cannot be rendered in this review. Therefore, the request for TENS unit with supplies for the low back - purchase is not medically necessary and appropriate.