MAXIMUS Federal Services

Case Number:	CM15-0064544		
Date Assigned:	04/10/2015	Date of Injury:	08/06/2006
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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, Pain Management

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 53 year old male with an industrial injury dated 08/16/20026. His diagnosis included spinal stenosis of lumbar region, low back strain and degeneration of lumbar intervertebral disc. Prior treatments include epidural injections, diagnostics, weight reduction and medications. He presents on 01/30/2015 stating with the change in medication it is more difficult for him to do his walking and standing. He describes the pain as aching, throbbing, sharp and exhausting. Physical exam revealed moderate tenderness on palpation of the lumbar paraspinal muscles. The provider documents in order to attempt to wean the injured worker from his pain medication the plan of treatment will be a TENS unit with referral to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the lumbar spine 2 times a week for 1 week:: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 98-99 of 127.

Decision rationale: Regarding physical therapy, it appears that the request is to accompany the use of TENS. As TENS is not medically necessary, there is no clear indication for PT. Therefore, the physical therapy is not medically necessary.

Four lead tens unit for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial as outlined, and no documentation of any specific objective functional deficits which a TENS unit trial would be intended to address. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.