

Case Number:	CM15-0097322		
Date Assigned:	05/28/2015	Date of Injury:	05/11/2010
Decision Date:	06/26/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This 57 year old male sustained an industrial injury to the low back on 5/11/10. Previous treatment included magnetic resonance imaging, electromyography, chiropractic therapy, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (11/26/12) showed degenerative changes. Magnetic resonance imaging of the pelvis and sacroiliac joint (3/4/14) showed bilateral hip arthritis. In the most recent progress note submitted for review, dated 4/10/15, the injured worker reported that his symptoms had significantly increased with low back pain and radiation down the right lower extremity with numbness and weakness. The injured worker rated his pain 9/10 on the visual analog scale. The injured worker was having difficulties with ambulating, sitting, standing and working. The injured worker walked with an antalgic gait using a cane. The injured worker had difficulties sitting in one position for five minutes. The injured worker had been having poor pain control with Norco. The injured worker continued to get good benefits from Terocin patches and Terocin lotion. Additional medications included Lyrica, Cymbalta and Zipsor. Current diagnoses included right L5-S1 disc protrusion compressing the right S1 nerve root, L5-S1 radiculopathy, L4-5 and L3-4 bilateral foraminal narrowing, depression, borderline diabetes, right plantar fasciitis and bilateral hip arthritis. The physician noted that the injured worker would be off work from 4/14/15 to the next office visit because he had been having difficulties working due to severe pain. The treatment plan included a trial of Percocet, continuing Lyrica, Zipsor and Terocin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, EMS/PMS massager, lumbar spine per 5/5/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Percutaneous Electrical nerve Stimulation.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit with EMS/PMS massager for the lumbar spine per a May 5, 2015 order is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. Percutaneous electrical nerve stimulation is not recommended as a primary treatment modality, but a trial may be considered as an adjunct to a program of evidence-based functional restoration, after other nonsurgical treatments including therapeutic exercises and TENS. There is a lack of high quality evidence to prove long term efficacy. In this case, the injured worker's working diagnoses are right L5 - S1 disc protrusion compressing right S1 nerve root; L5 - S1 radiculopathy; L4 - L5 moderate bilateral foraminal narrowing; right severe and moderate left hip arthritis; right plantar fasciitis; depression and borderline diabetes. The date of injury is May 11, 2010. The earliest progress note in the medical record is November 24, 2014. The most recent progress note in the medical record for review is April 10, 2015. There is no contemporaneous progress note on or about May 5, 2015. The documentation indicates the injured worker used a TENS unit in the past. There are no specifics in terms of objective functional improvement or a TENS trial. There is no documentation discussing an EMS/PMS massager. Consequently, absent contemporaneous clinical documentation on or about May 5, 2015 with discussion, indication and clinical rationale for TENS, EMS/PMS massager, TENS unit with EMS/PMS massager for the lumbar spine per a May 5, 2015 order is not medically necessary.