

Case Number:	CM13-0015004		
Date Assigned:	10/04/2013	Date of Injury:	01/25/2004
Decision Date:	02/04/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	08/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services.

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 patient is a 50-year-old male, who reported an injury on 01/25/2004. The mechanism of injury was reported that the patient fell 6 floors in an elevator that suddenly broke. The patient complained of neck, back, bilateral shoulder, scapular pain with numbness and tingling in the hands and fingers. The patient underwent a cervical decompression and fusion on 05/02/2012. The clinical documentation dated 06/24/2013 stated that the patient continued to complain of low back pain with some numbness and tingling to the bilateral lower extremities. The patient stated that he lost his TENS unit and had been using more prescription medication to relieve the pain. The physical objective findings were tenderness with palpation over the paravertebral musculature, quadratus lumborum muscles and gluteal muscles bilaterally, with motor strength of 5/5 in the bilateral lower extremities. The patient was diagnosed with status post cervical decompression and fusion, history of low back surgery in 1995 and February 2004, with residual multilevel disc bulges/protrusions, multilevel foraminal stenosis and granulation tissue at L4-L5 and L5-S1 disc levels, with some left engulfment of the left S1 nerve root, left foot sprain/tendonitis with ganglion cyst overlying the lateral cuneiform region, intercostal strain occurring secondary to neck and back surgeries and antalgic posturing, and history of gastroesophageal reflux disease, chronic abdominal pain and cololithiasis, non-industrial. The patient has been treated with medication, TENS, physical therapy, acupuncture, and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) TENS unit: Upheld

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

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

Decision rationale: The patient complained of low back pain, with radiating pain to the bilateral lower extremities. The patient is status post cervical decompression and fusion. The Chronic Pain Guidelines recommend a TENS for a one-month trial period, which should be documented along with ongoing treatment of other modalities with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The clinical documentation submitted for review did not show functional improvement with the previous TENS unit, how often the units was used, or pain relief. As such, the request is non-certified.

One (1) VQ 2 inch round electrodes (12 pack): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient complained of low back pain, with radiating pain to the bilateral lower extremities. The patient is status post cervical decompression and fusion. The Chronic Pain Guidelines recommend a TENS for a one-month trial period, which should be documented along with ongoing treatment of other modalities with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The clinical documentation submitted for review did not show functional improvement with the previous TENS unit, how often the units was used, or pain relief. As the TENS unit is not medically necessary at this time, the electrodes are not warranted. As such, the request is non-certified.

One (1) VQ 9 volt battery (18 pack): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient complained of low back pain with radiating pain to the bilateral lower extremities. The patient is status post cervical decompression and fusion. The Chronic Pain Guidelines recommend a TENS for a one-month trial period, which should be documented along with ongoing treatment of other modalities with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over

purchase during this trial. The clinical documentation submitted for review did not show functional improvement with the previous TENS unit, how often the units was used, or pain relief. As the TENS unit is not medically necessary at this time, the batteries are not warranted. As such, the request is non-certified.

Twenty-four (24) VQ adhesive remover wipes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient complained of low back pain with radiating pain to the bilateral lower extremities. The patient is status post cervical decompression and fusion. The Chronic Pain Guidelines recommend a TENS for a one-month trial period, which should be documented along with ongoing treatment of other modalities with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The clinical documentation submitted for review did not show functional improvement with the previous TENS unit, how often the units was used, or pain relief. As the TENS unit is not medically necessary at this time, the adhesive remover wipes are not warranted. As such, the request is non-certified.

One (1) VQ Faststart bio lead wire: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient complained of low back pain with radiating pain to the bilateral lower extremities. The patient is status post cervical decompression and fusion. The Chronic Pain Guidelines recommend a TENS for a one-month trial period, which should be documented along with ongoing treatment of other modalities with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The clinical documentation submitted for review did not show functional improvement with the previous TENS unit, how often the units was used, or pain relief. As the TENS unit is not medically necessary at this time, the faststart lead wire is not warranted. As such, the request is non-certified.

One (1) prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The patient complained of low back pain with radiating pain to the bilateral lower extremities. The patient is status post cervical decompression and fusion. The Chronic Pain Guidelines recommend opioid use for moderate to severe pain, with documentation of pain relief, side effects, functioning level, and whether the medication is being taken as prescribed. The clinical documentation submitted for review did not indicate the efficacy of the pain medication or improvement in function for the patient as recommended by the guidelines. As such, the request is non-certified.

One (1) prescription of Neurontin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16-19.

Decision rationale: The patient complained of low back pain with radiating pain to the bilateral lower extremities. The patient is status post cervical decompression and fusion. The Chronic Pain Guidelines indicate that antiepilepsy drugs have been shown to be effective for treatment of diabetic painful neuropathy. The clinical documentation submitted for review did not indicate the patient had a history of diabetes mellitus, nor did it show functional improvement or a decrease in pain for the patient. As such, the request is non-certified.