

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0037475 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 02/21/2011 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 10/23/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

Patient is a 35-year-old male who has submitted a claim for s/p fluoroscopically-guided bilateral L5-S1 facet joint radiofrequency nerve ablation, bilateral lumbar facet joint pain at L5-S1 as diagnosed and confirmed by positive diagnostic fluoroscopically guided, bilateral L5-S1 facet joint medial branch block, bilateral lumbar facet joint pain at L2-L3, L3-L4 and L4-L5 as diagnosed and confirmed by positive diagnostic fluoroscopically guided, L2-L3, L3-L4 and L4-L5 facet joint medial branch block, lumbar facet joint arthropathy, central disc protrusion at L4-L5, central disc protrusion at L3-L4 and L5-S1, lumbar sprain/strain, GI upset secondary to industrial medications, and decreased sleep secondary to low back pain associated with an industrial injury date of February 21, 2011. Medical records from 2012-2013 were reviewed which revealed persistent right low back pain. Aggravating factors included prolonged sitting, standing, lifting, twisting, driving and lying down. Physical examination of the lumbar spine showed restricted range of motion in all planes secondary to pain. Tenderness of bilateral lumbar paraspinal musculature overlying L3-S1 facet joints was noted. Right facet joint provocative maneuvers were mildly positive. Patrick and Gaenslen tests were positive. Nerve root tension sign was negative. Treatment to date has included, right sacroiliac joint injection, physical therapy and TENS. Medications taken include Ambien 10 mg, Ibuprofen 600 mg, Percocet 10/325 mg and SOMA 350 mg. Utilization review from October 14, 2013 denied the request for additional TENS unit supplies, amount unspecified because TENS does not appear to have an impact on perceived disability or long term pain of the patient. Clinical documentation did not provide evidence that the patient is participating in evidence based functional restoration that would require an adjunct therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL TENS UNIT SUPPLIES, AMOUNT UNSPECIFIED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS-TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION Page(s): 114,76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: As stated on pages 114-116 of the California MTUS Chronic Pain Medical Treatment Guidelines, TENS units are not recommended as the primary treatment modality but a one-month trial may be considered if used as an adjunct to a program of evidence-based functional restoration given that conservative treatment methods have failed. A specific treatment plan with short and long-term goals needs to be established. In this case, the patient has been using TENS unit since at least April 3, 2013. Progress report dated September 3, 2013 indicated that with the use of TENS, pain is decreased from 7/10 to 2-3/10 and allowed him to be off narcotics. It was also mentioned that he failed conservative treatment measures, which included physical therapy and NSAIDs. However, the present request failed to specify the amount of TENS unit supplies needed. Likewise, the specific supplies being requested are not specified. Therefore, the request for additional TENS unit supplies, amount unspecified is not medically necessary.