

Case Number:	CM13-0043288		
Date Assigned:	12/27/2013	Date of Injury:	02/28/2011
Decision Date:	07/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/22/2013

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 Physical Medicine and 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 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:

This 58 year old patient sustained an injury on 2/28/11 while employed by [REDACTED]. Request(s) under consideration include a TENS unit. The patient is s/p cervical discectomy/fusion (June 2012) with subsequent hardware removal (March 2013) and lumbar laminectomy/ discectomy decompression surgery. A report from the patient's pain management provider dated 9/5/13 noted the patient had a history of emergency admission post cervical fusion surgery (C3-6 in June 2012) with difficulty swallowing and C5 nerve palsy. The patient had post-operative physical therapy for neck and lumbar pain with neck being worse. The patient remained with bilateral radicular symptoms with multiple pain treatment recommendations rendered. The current request for a TENS device is for home use. A report of 10/17/13 from the pain management provider noted the patient has persistent lower back pain radiating down both lower extremities s/p L4-5 left laminectomy/discectomy that has not improved. The patient had LESI at L5-S1 on 10/7/13 with at least 50% pain relief and activity tolerance. Ongoing neck pain is associated with cervicogenic headaches. The patient is requesting for Trigger point injections which has provided past relief. An exam of the cervical spine showed restricted range in all directions; TTP of posterior cervical spine, trapezius, and sub-occipital and scapula region with trigger points and taut bands; 5/5 motor strength and DTR 2+ symmetrical; sensory decreased diffusely. Lumbar spine exam showed restricted range with TTP at paravertebral musculature and sciatic notch region; trigger points and taut bands; diffuse motor weakness of 4/5 in both legs with positive SLR at 60 degrees bilaterally. Recommendations included Botulinum toxin injections; Trigger point injections; Norco, Ultram, Remeron, Prilosec, and Imitrex; Electrodiagnostic study of upper and lower extremities; lumbar MRI; and TENS home purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, H-Wave Stimulation Page(s): 114-118.

Decision rationale: Per the MTUS Chronic Pain Guidelines, criteria for TENS use include documented chronic intractable pain with evidence that other appropriate pain modalities have been tried and failed, including medication. A one-month trial rental period of the TENS unit is preferred with use as an adjunct to ongoing treatment modalities within a functional restoration approach. Criteria also includes notation on how often the unit was to be used, as well as outcomes in terms of pain relief and function of other ongoing pain treatment during this trial period including medication usage. A treatment plan should include the specific short- and long-term goals of treatment with the TENS unit. Submitted reports have not adequately demonstrated indication and necessity to support for this DME purchase/rental nor demonstrated functional improvement from the 30-day trial previously rendered. The request is not medically necessary and appropriate.