

Case Number:	CM13-0051870		
Date Assigned:	12/27/2013	Date of Injury:	04/14/2010
Decision Date:	06/16/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/14/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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:

The patient is a 42-year-old who was injured on 4/14/2010. The diagnoses listed are insomnia, depression, anxiety, lumbar radiculopathy, shoulders and chronic neck pain. The patient is utilizing Lidoderm, Percocet, gabapentin and non-steroidal anti-inflammatory drugs (NSAIDs) for pain. The gabapentin was started in November, 2013. The duration of treatment with the other medications is unclear. The patient was treated with Restoril and Celexa in the past. On 11/1/2013, the provider noted increase in low back pain, increase in limping and decreased sensation in the upper and lower extremity dermatomes. A lumbar laminectomy and fusion procedure is being planned. The patient completed physical therapy and chiropractic treatments but there was no detailed report on a trial of transcutaneous electrical nerve stimulation (TENS) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR THE NECK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: The CA MTUS addressed the use of transcutaneous electrical nerve stimulation (TENS) in the management of chronic musculoskeletal pain. It is recommended that the patient first show significant pain relief and functional improvement following a 1 month trial of TENS use in a supervised physical therapy or chiropractic treatment program. It is unclear if the patient will proceed with the proposed low back surgery. The record did not show that this patient with significant psychiatric disorder is undergoing any current treatment. The guideline recommend that the first line treatment for neuropathic pain should consist of antidepressant and anticonvulsant medications. The record did not indicate that the patient failed treatment with these medications. As such, the request is not certified.