

Case Number:	CM13-0052167		
Date Assigned:	06/09/2014	Date of Injury:	05/05/2008
Decision Date:	08/07/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Washington. 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 injured worker is a 70-year-old male who reported an injury on 05/05/2008. Prior treatments included injections and physical therapy. The mechanism of injury was a lifting injury. The documentation of 10/16/2013 revealed the injured worker had constant bilateral leg radiculopathy with the left leg being worse. The injured worker was performing physiotherapy twice a week and was doing well. The injured worker was requesting more sessions. The physical examination revealed the injured worker had palpable tenderness of the bilateral lumbar paraspinal muscles. The injured worker had difficulty performing a toe and heel walk which caused sharp pain. The injured worker's strength for plantarflexion was 4/5 bilaterally and dorsiflexion was 4+/5 bilaterally. The injured worker had a positive straight leg raise bilaterally and positive sitting root test. The injured worker had decreased lumbar range of motion. The injured worker had decreased sensation of the bilateral lower extremities of L5 and S1. The injured worker had severe lumbar muscular spasm with difficulty moving in all directions. The diagnoses included lumbar disc bulge with radiculitis status failed 6 epidural, rule out epidural hematoma, status failed postoperative radiofrequency desensitization, urinary incontinence, sexual dysfunction secondary to complication of failed radiofrequency desensitization, and insomnia. The treatment plan included the physician it was medically necessary to have the injured worker utilize a TENS unit at home as well as order lumbar support brace to decrease low back pain and continue physiotherapy. Additionally, there was documentation indicating the injured worker was to be referred to a spine surgeon for consultation and utilize prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (OR EQUIVALENT) FOR THE LUMBAR SPINE: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate a 1 month trial of a TENS unit as appropriate as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been trialed and failed, including medications. A treatment plan including the specific short and long term goals of treatment with the TENS unit should be submitted. The clinical documentation submitted for review indicated the injured worker had utilized a TENS unit. There was lack of documentation of objective functional benefit. The request as submitted failed to indicate whether the request was for a purchase or rental. There was a lack of documentation indicating the injured worker had trialed the unit and received objective functional benefit. Given the above, the request for TENS (or equivalent) for the lumbar spine is not medically necessary.