

Case Number:	CM13-0058182		
Date Assigned:	12/30/2013	Date of Injury:	02/12/1996
Decision Date:	04/01/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 least at 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. 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 65 year old male who was injured on 01/09/1988. The mechanism of injury was not documented in the clinical reports submitted. Diagnostic studies reviewed include on 02/12/2013 a lumbar myelogram with findings showing multiple fluoroscopic images were obtained of the lumbar spine. There is levoscoliosis centered about the L1 vertebral level. There is spinal canal stenosis at L2-L3 and L3-L4. Further details are discussed on CT scan report as follows. On 02/12/2013 CT scan of the lumbar spine without contrast with the impression that there is moderate to severe spinal canal stenosis at T10-T11 and T11-T12. There is moderate spinal canal stenosis at L2-L3 and L3-L4. There is moderate to severe bilateral foraminal stenosis at L5-S1. Clinic note dated 01/21/2013 documented the patient remains totally disabled because of severe low back pain with radiation down the leg aggravated by movement. He has underlying degenerative joint disease, herniated disc and myofascial pain aggravated by bending, turning, twisting, lifting. In order to control the intensity, duration and frequency of pain he must take OxyContin and hydromorphone. His only side effect would be constipation. The patient needs medication refills today. He has agreed to a pain contract. In the past epidural injections have only given temporary relief and he does not feel he is a surgical candidate. Objective findings on exam include his back is non-tender with full ROM. Extremities show no joint swelling, pain or inflammation. There is full range of motion of the upper and lower extremities. Pulses are full and equal in upper and lower extremities. Neurological exam shows no focal weakness, paresthesias, paresis or incoordination. Clinic note dated 09/27/2013 documents patient with severe lower back pain from herniated discs, spondylosis, neural foraminal stenosis from extensive DID. Status post consult with [REDACTED] but the patient does not want a 9 hour surgery without more guarantees. Physical exam revealed: General: No acute distress, alert without any cognitive impairment. Normal hygiene. Skin: No suspicious rash or lesion.

HEENT: Normocephalic, PERRLA, EOM intact, clear external ear canals, nasal passages and pharynx. Neck: No mass, lymphadenopathy, thyromegaly, JVD, or carotid bruits. Lungs: Clear to auscultation and percussion, no wheezes, rhonchi or rales. Breath sounds are equal. Heart: Regular rate and rhythm. No murmur, bradycardia, tachycardia, gallop, rhythm or pericardial rub. Abdomen: Soft. Non-tender, no guarding, rebound or mass or organomegally with normoactive bowel sounds. BACK: Lower back pain with limited ROM. Extremities: No joint swelling, pain or inflammation. Full range of motion of the upper and lower extremities. Pulses: Full and equal upper and lower extremities. Neuro: No focal weakness, paresthesias, paresis or incoordination. Rectal: No mass, pain or hemorrhoid. Diagnosis: 1. Lumbar radiculopathy from spondylosis, DID with neural foraminal stenosis 2. Chronic Pain Syndrome 3. DM Type II 4. Obesity

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS device, four or more leads for multiple nerve stimulation QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation), Page(s): 114-117.

Decision rationale: MTUS guideline criteria have not been met. There is no documentation of a one month TENS unit trial including outcomes. Short and long-term goals of TENS unit use have not been delineated. No rationale is provided for the request for 4 leads. Therefore, TENS unit is non-certified.