

Case Number:	CM13-0067897		
Date Assigned:	01/03/2014	Date of Injury:	09/15/2002
Decision Date:	06/24/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/18/2013

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:

The patient is a 43 year old male who was injured on 09/15/2002. Mechanism of injury is unknown. Prior treatment history has included the patient having undergone anterior approach L4-L5 discectomy with corpectomy L4-L5 level, instrumentation L4-L5 level, placement of PEEK bone cage L4-L5, allograft, C-arm and neuromonitoring on 04/26/2013. His medications include: 1. Norco 10-325 mg 2. Neurontin 600 mg 3. Flexeril 10 mg PR-2 dated 10/15/2013 documented the patient with complaints that his back feels sore and stiff. HE states he has difficulty sleeping due to pain. He states that he continues to feel the hardware. He states without medication the pain is 9/10 and he is not able to perform daily activities. With medication his pain is a 6/10 and he is able to perform some of his daily activities. Objective findings on examination of the lumbar spine reveal a healed surgical incision, spasm, painful range of motion, as well as limited range of motion. Tenderness to palpation over the lumbar paraspinal musculature. Tenderness to palpation over the hardware. Diagnoses: 1. Status post right leg above knee amputation 2. Lumbar discogenic disease 3. Lumbar radiculopathy 4. Large Grade II anterolisthesis L5 over S1 embracing of the L4-5 level, including significant facet joint hypertrophy, lateral recess stenosis and nerve root effacement. 5. Chronic low back pain. 6. Status post lumbar fusion. Treatment Plan: Prescribed temazepam 30 mg. Request TENS unit for chronic pain. UR report dated 11/20/2013 stated that the request for 1 TENS Unit required additional information for the reviewer to render a decision and was faxed the request to provide the specific short and long term goals for use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 TENS UNITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

Decision rationale: According to the CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. The medical records do not document a reason for the requested TEN unit; There is no clear documented neuropathic pain diagnosis, goals or failed standard treatments to establish the need for the TENS unit. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, therefore the request is not medically necessary.