

Case Number:	CM14-0005660		
Date Assigned:	06/11/2014	Date of Injury:	09/08/2003
Decision Date:	07/18/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 & 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 injured worker is a 48 year old male who reported an injury on 09/08/2003. Mechanism of injury is unknown. The injured worker is post-operative lumbar diskogram with discography on 09/12/2005. The physical examination of the neck showed midline tenderness extending from C4-C7. Bilateral cervical facet tenderness noted at C5-C6 and C-6-C7. Bilateral trapezius tenderness was also noted. Lower back examination revealed tenderness midline to scar extending from L3 through S1. There was also mild left sacroiliac joint tenderness. The injured worker has diagnoses of failed L5-S1 discectomy with foraminotomy, constant left lumbosacral radicular pain, possible left sacroiliac joint pain and possible bilateral cervical facet pain C5-C6 and C6-C7. The injured worker also had a left positive straight leg raise at 60 degrees. The injured worker has undergone 5 MRIs, 3 electromyographies and a computed tomography scan. The injured worker has also had sessions of psychotherapy, cervical facet medial nerve blocks, undergone a dorsal column stimulator, radiofrequency and medications. The medications include Oxycodone 30mg 4 times a day #120, Ibuprofen 400mg 1 tablet every 4 hours, Prilosec 20mg 2 times a day, Gabapentin 300mg 2 times a day, Promolaxin 4 times a day as needed, Ultracin topical cream, Flurlido-A and Ultraflex-G. No dosage or frequency noted on topical creams. There is no range of motion findings, measurable pain, subjective and objective findings in the documentation submitted. The treatment plan is for a TENS unit and TENS supplies: batteries, cables & miscellaneous supplies. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS: 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 electrotherapy, page(s) 114-117 Page(s): 114-117.

Decision rationale: The injured worker is post-operative lumbar diskogram with discography on 09/12/2005. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that there is to be evidence that other appropriate pain modalities have been tried (including medication) and failed. There is no documentation of conservative care directed to the neck and/or spine. There was no mention of physical therapy and/or medication management. The guidelines also recommend as a treatment option for acute post-operative pain in the first 30 days post-surgery. TENS appears to be most effective for mild to moderate thoracotomy pain. It has been shown to be of lesser effect, or not at all for other orthopedic surgical procedures. As per guidelines it is recommended that a TENS unit be used within the first 30 days post-surgery, the injured worker underwent surgery back in 2005, exceeding MTUS guidelines. Furthermore, it is not recommended for orthopedic surgical procedures. It also does not state a specific area as to where the TENS unit will be used. As such, the request for a TENS unit is not medically necessary.

TENS SUPPLIES: BATTERIES, CABLES & MISCELLANEOUS SUPPLIES: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.