

Case Number:	CM14-0014975		
Date Assigned:	02/28/2014	Date of Injury:	10/27/2004
Decision Date:	06/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 66-year-old female who sustained an injury on 10/27/2004. The mechanism of injury was a slip and fall. There are ongoing complaints of neck pain radiating to the upper extremities, low back pain radiating to the lower extremities and bilateral knee pain. The previous utilization review references a progress note dated 12/5/2013, but that progress note is not provided for this independent medical review. The reviewer indicates that the progress note documented spasm, pain, and decreased range of motion of the cervical spine with facet tenderness; spasm, painful limited range of motion of the lumbar spine with a positive Lasegue's sign bilaterally; positive straight leg raise at 45° with motor weakness bilaterally at 4/5. Knee exam revealed bilateral positive McMurray sign, joint line tenderness, patellofemoral crepitation, and a positive Apley grind test. Left shoulder exam was painful with range of motion, positive impingement sign. MRI of the lumbar spine dated 8/1/2008 revealed degenerative disc disease and a 4mm disc protrusion at L3/4. MRI of the cervical spine dated 3/15/2004 and 2/17/2009 showed two small disks/osteophyte complexes at C5/6 and C6/7 that abut the cord and cause mild to moderate foraminal stenosis. Plain radiographs from 2010 of the cervical spine demonstrated disc space narrowing at C5/6 and C6/7. Plain radiographs from 2010 of the lumbar spine, right shoulder, left shoulder, right wrist and left wrist demonstrate left subacromial joint space narrowing; otherwise normal. Plain radiographs of the knees from 2010 demonstrated severe degenerative disease and joint space narrowing bilaterally. The listed diagnoses include Bilateral Knee Osteoarthritis, Cervical Radiculopathy, Degenerative Disc Disease, and Lumbar Radiculopathy. Previous treatment document includes physical therapy, home exercise program, Synvisc knee injections and medications include Norco, Zanaflex, and Neurontin. A request has been made for a TENS Unit for the cervical and lumbar spine. The

non-recommendation dated 1/17/2014 appears to be based on the lack of documentation of a previous TENS trial or evidence that claimant is engaged in a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT FOR LUMBAR AND CERVICAL SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 114-116

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. § 1/2.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines support the use of a TENS unit in certain clinical settings of chronic pain, as a one-month trial when used as an adjunct to a program of evidence-based functional restoration for certain conditions. Based on the evidence-based trials, there is no support for the use of a tens unit as a primary treatment modality. The record provides no documentation of an ongoing program of evidence-based functional restoration. In the absence of such documentation, this request does not meet guidelines and is not considered medically necessary.