

Case Number:	CM14-0153416		
Date Assigned:	09/23/2014	Date of Injury:	09/03/2003
Decision Date:	10/29/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 Orthopedic, and is licensed to practice in Texas. 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:

This 52 year old male was injured on 09/03/2003. The mechanism of injury is unknown. Prior treatment history has included TENS, tramadol, Norco, Soma, Neurontin, ibuprofen, and compounded transdermal creams. Pain management consult dated 06/24/2014 states the patient reported continued moderate to severe lumbar spine pain that radiates to the bilateral lower extremities. It was discussed with the patient about considering a spinal cord stimulator if he was not interested in spine surgery which he declined. He rated his pain as 7/10 in the mid and low back. He also has paresthesia along the bilateral S1 dermatomes. Objective findings on exam revealed bilateral paravertebral muscle spasm and increased muscle tone of the bilateral lumbar paraspinals. His bilateral L4-5 and L5-S1 facet joints are tender as well as SI joints. Range of motion of the lumbar spine is decreased by 50% and straight leg raise is positive bilaterally as well as Kemp's. He was seen on 07/17/2014 for pain management with no changes in his symptoms. He has had a discogram on 02/15/2005 which revealed discogenic pain at L3-4, L4-L5; positive disc fissure at L5-S1 with left S1 spread that explains the left lower extremity radiculitis. He is diagnosed with lumbar disc disease at L1-S1; positive discogenic pain at L3-L5; L5-s1 disc fissure with nuclear epidural leakage to left S1; lumbar neuralgia at L4-S1; thoracic disc disease at T11-T123; hypertrophic facet joints bilaterally; and exogenous depression due to chronic pain. He has been recommended for a TENS unit and a second opinion orthopedic spine consultation with [REDACTED] for consideration of open discectomy or fusion. Prior utilization review dated 09/09/2014 states the request for 1 TENS unit for purchase is denied as it is not medically necessary; and Second opinion Orthopedic Spine Consult (Preferred [REDACTED]) is denied as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit for purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Transcutaneous electrical nerve stimulation

Decision rationale: TENS unit for purchase: Guides clearly show that TENS unit is not appropriate for this patient. According to ODG; a TENS unit is not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use; Acute: Not recommended based on published literature and a consensus of current guidelines. No proven efficacy has been shown for the treatment of acute low back symptoms. Although electrotherapeutic modalities are frequently used in the management of CLBP, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain. High frequency TENS appears to be more effective on pain intensity when compared with low frequency, but this has to be confirmed in future comparative trials. It is also not known if adding TENS to an evidence-based intervention, such as exercise, improves even more outcomes, but studies assessing the interactions between exercise and TENS found no cumulative impact. (Poitras, 2008) For more information, see the Pain Chapter; recent research: A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic LBP. There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. Patients treated with acupuncture-like TENS responded similarly to those treated with conventional TENS. (Khadilkar-Cochrane, 2008) On June 8, 2012, the [REDACTED] [REDACTED] issued an updated decision memo concluding that TENS is not reasonable and necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. Therefore the request is not medically necessary.

Second opinion Orthopedic Spine Consult (Preferred [REDACTED]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines: Consultation, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent medical examinations and consultations, page(s) 503

Decision rationale: The diagnosis is not uncertain or complex; Surgery would not be indicated in this individual due to the degree of abnormalities. The advice from the Ortho would not add anything to the medical care administered by pain management. According to MTUS, A consultation aids in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the patients fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of a patient. Therefore the request is not medically necessary.