

Case Number:	CM14-0153713		
Date Assigned:	09/23/2014	Date of Injury:	11/30/2007
Decision Date:	10/24/2014	UR Denial Date:	08/20/2014
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 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 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 claimant injured her low back on 11/30/07 while lifting a Christmas tree out of a truck. A NexWave unit with supplies is under review. She has been treated with medication. Electrodiagnostic studies were suggestive but not diagnostic of right S1 radiculopathy. Her MRI dated 12/29/10 showed a 3 mm broad-based disc bulge with postoperative enhancement at L4-5. There was a previously noted central disc protrusion and mild right foraminal narrowing. There were bony and disc changes at L5-S1 with mild bilateral foraminal narrowing and a large uterus partially visualized extending up to L4-5. She has had physical therapy. On 08/04/14, she was seen for follow-up of low back pain radiating to the posterior and lateral right lower extremity. She had increased numbness in the right lateral thigh that stopped at the knee. She also had a burning sensation on the right side of her leg around the anterior and lateral thigh. Her back pain was consistent with increased spasms which did not radiate. There was no shooting pain. She was using a cane for ambulation and did not want back surgery. She was taking nabumetone as needed and was trying to use it sparingly. She was interested in a trial of a TENS unit for neuropathic pain and ongoing back spasms. She had a bilateral lower extremity Electromyography (EMG) in December 2010 with no clear evidence of peroneal mononeuropathy or lumbosacral plexopathy. There was possible right S1 radiculopathy. She had an antalgic gait and normal muscle tone without atrophy. There were no other neurologic deficits on physical examination. She was to continue Sentra-PM and nabumetone. A trial of a TENS unit to help with her radicular neuropathic symptoms was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexwave with supplies for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 114-12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114.

Decision rationale: The history and documentation do not objectively support the request for a NexWave device with supplies for the lumbar spine. The California Medical Treatment Utilization Schedule (MTUS) state transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below [including neuropathic pain]. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness.... A home-based treatment trial of one month may be appropriate for neuropathic pain." The claimant has chronic pain but there is no clear evidence of neuropathic pain. The EMG may have shown S1 radiculopathy but this was not definite. Her response to first line medications including acetaminophen, antidepressants, and anti-neuropathic medications has not been documented. Her history of trials of local care such as ice/heat is not described and there is no evidence that she is involved in an ongoing exercise program that is to be continued in conjunction with this device. The medical necessity of this request for a NexWave unit with supplies has not been clearly demonstrated.