

Case Number:	CM14-0167002		
Date Assigned:	10/14/2014	Date of Injury:	03/13/2006
Decision Date:	11/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/09/2014

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:

This patient sustained an injury on 3/13/06 while employed by [REDACTED] Request(s) under consideration include TENS replacement electrodes with refills x5. Diagnoses include Back Strain/ Chronic lumbar discogenic disease s/p lumbar fusion L4-S1 in August 2010. The patient continued to treat for chronic low back and lower extremity symptoms. Report of 5/29/14 from the provider noted suggestion of extending the fusion to include L3; however, this was in conflict with orthopedic supplemental consultation report of 5/22/14 who opined that additional surgery was not indicated. The orthopedic provider noted the MRI had not described a herniated disc or other compressive phenomenon that "argues against any further surgical interventions." "There is no point n decompressing a nerve that is functioning normally and not compressed by any disc or spur or other substances. Further fusion is not recommended inasmuch as fusion of modest degenerative disease for pain relief is rarely successful." Report of 8/29/14 noted the patient with ongoing pain in lower back. Exam noted "unchanged" without any other clinical findings documented. Treatment included medication refills and follow-up for "peripheral neuropathy, which is nonindustrial condition." The patient was considered P&S. Review has shown the patient was provided a previous TENS unit, unclear with prior authorization during an unspecified period of time now with request for electrode replacements; however, no reports have been submitted documenting any clinical or functional improvement has been derived from the use of the TENS unit. The request(s) for TENS replacement electrodes with refills x5 was denied on 10/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS replacement electrodes with refills x5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic intractable pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, Page(s): 114-117.

Decision rationale: This patient sustained an injury on 3/13/06 while employed by [REDACTED]. Request(s) under consideration include TENS replacement electrodes with refills x5. Diagnoses include Back Strain/ Chronic lumbar discogenic disease s/p lumbar fusion L4-S1 in August 2010. The patient continued to treat for chronic low back and lower extremity symptoms. Report of 5/29/14 from the provider noted suggestion of extending the fusion to include L3; however, this was in conflict with orthopedic supplemental consultation report of 5/22/14 who opined that additional surgery was not indicated. The orthopedic provider noted the MRI had not described a herniated disc or other compressive phenomenon that "argues against any further surgical interventions." "There is no point in decompressing a nerve that is functioning normally and not compressed by any disc or spur or other substances. Further fusion is not recommended inasmuch as fusion of modest degenerative disease for pain relief is rarely successful." Report of 8/29/14 noted the patient with ongoing pain in lower back. Exam noted "unchanged" without any other clinical findings documented. Treatment included medication refills and follow-up for "peripheral neuropathy, which is nonindustrial condition." The patient was considered P&S. Review has shown the patient was provided a previous TENS unit, unclear with prior authorization during an unspecified period of time now with request for electrode replacements; however, no reports have been submitted documenting any clinical or functional improvement has been derived from the use of the TENS unit. The request(s) for TENS replacement electrodes with refills x5 was non-certified on 10/6/14. Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient is deemed P&S, there is no evidence for change with increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the therapy treatment already rendered. The TENS replacement electrodes with refills x5 is not medically necessary and appropriate.